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THE NEW ENGLAND
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VOLUME XIII.

THE NEW ENGLAND
MEDICAL GAZETTE.

VOLUME XIII.

THE
NEW ENGLAND
MEDICAL GAZETTE,

A Monthly Journal

OF

HOMŒOPATHIC MEDICINE,
SURGERY, AND THE COLLATERAL SCIENCES.

"Die milde Macht ist gross."

VOLUME XIII.

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THE STUDY OF MEDICINE; ITS AIDS AND OBSTACLES.

AN ADDRESS BEFORE THE CLASS OF THE BOSTON UNIVERSITY SCHOOL OF MEDICINE, BY C. WESSELHOEFT, M. D.

ALTHOUGH this Medical School is yet in its childhood, indeed in the very earliest periods of childhood, it has stood before its teachers four times to receive admonitions, and now is called upon for the fifth time, though it has scarcely passed its period of dentition.

The words of counsel that have been spoken were so exhaustive that little room is left for further good advice. Perhaps it were well for me merely to repeat what has been said on former occasions; as it is, I can do little more than to clothe it in another garb of words, give it another turn, and add a few embellishments.

It is well for you to know what motives guide us in our method of instruction, what under currents of thought and feeling that determine our didactic efforts. Once launched upon the tide of our medical course, we have neither time nor opportunity of saying all we would. It is proper therefore to take advantage of the brief space at the beginning of the term.

The first requisite in the pursuit of the study of medicine is to rid yourselves of many obstacles—obstacles which reside within yourselves, obstacles among which pecuniary means, good health, preliminary education are of less importance as compared with those which belong to the sphere of human weaknesses. The former are provided for; they are self evident conditions. The latter are not so easily met; but once seen may be conquered.

Many begin the study of medicine as a means of living.

It would be useless to deny the force of this motive; it is instinctive in all of us; it impels our actions, and when combined with industry it will lead to practical results, but not to the higher order of honors. If medicine, the science and art of curing the sick, could be acquired for its own sake, if you could master it because you love it at sight, and if your love for it increases as you learn to know its truths and beneficence, if you follow its paths, and struggle towards its end, increasing your energies as its higher rewards and merits dawn upon you: then its obstacles will not seem insurmountable. You will see its dangerous places, its cliffs and abysses, and you will avoid them in safety. Then you will not see it in the uncertain light of emoluments, for you will then study medicine for its own sake, and your struggle for existence will not be in vain.

There are many dangers which your own human nature projects like shadows in your paths. First of all, summon moral courage. When you join this school, remember that it means separation from a goodly number of fellow-workers who will not, for the present, recognize you, because they deem you unwise in learning to use other than traditional means of curing the sick. Remember that at present you will be regarded as having estranged yourselves from time honored usages, and that you will have to meet arguments, sneers, accusations, and perhaps even feel your keenest sense of honor wounded to the quick. Think again, of what you have done, and ask yourselves if you have strength to resist, to bear up, and go bravely on. Let me remind you now, that mental reservations will avail you nothing. "I am only going to look into it," you may say, "I merely want to learn what they can teach me in there, and then decide for myself." Surely you have that right, and whatever course you decide upon, it will be sacredly respected, nay honored by us. Not so by the older school. Its votaries will regard the stigma of homœopathy as fastened upon you, and you cannot escape its consequences. It will not be so always, but still long enough to make you feel its weight. So, test your courage now. If you feel it strong within you, never fear, the world will end before an unflinching, faithful spirit

succumbs. You see we live, and grow, and feel strong; let that comfort you.

“But why,” you may ask, “do you frighten us at the outset?” Indeed you are right; there is no cause for fear. What we aim to do, the object of our being as physicians, may be summed up in a few words. In spite of all that can be said against us, what we desire to do, is to cure the sick; our highest aim is to restore them speedily, gently, and permanently, to the full enjoyment of health, our means to that end are contained in the simplest axioms dictated by humanity. The careful selection of the most appropriate remedy; using no more of its force than will answer our purpose,—the least dose capable of restoring the vital force to harmonious activity;—while we apply at the same time every means of arriving at an accurate knowledge of the action of our curative agents chiefly by testing, or proving them upon our own bodies.

That, in brief, is the meaning of the name of our school. It seems to me these axioms are unanswerable. They appeal at once to our better nature, our sense of truth and honor. Under them we can resist all cavil and aspersion, and have no cause to fear opposition. They bear their reward within themselves.

With foreknowledge of obstacles in our path, they at once cease to be dangerous. Let us look at some other difficulties, they are often appalling. Besides want of method or want of time to apply it in, there is partisanship arising as in politics from avarice and envy of others' better fortunes. Superstition arising from ignorance, is often made the step ladder to success, or what is called success by the masses. Let us look at these traits. I might speak of them in one breath. Those who are superstitious, filled with unbounded confidence in themselves and impelled by strong unqualified partisanship for our, or any other school, are those who fancy they can plow, sow, and reap the field of medicine in three months. It cannot be done. Look at the obstacles singly for a moment. To accomplish your object, study our science for its own sake first. To do this, take plenty of time, and I maintain that those who are best endowed with intellectual faculties,

health, and preparatory education, are those who ask for more time to complete their studies in. While the less favored and the least prepared are often found to be those who fancy that they can become full fledged doctors in twelve weeks. The explanation is as natural as it is simple: the more one knows, so much the more he knows of what is yet to be learned. The less he knows, so much the narrower is his field of vision.

Having concluded to take time enough, the shortest possible limit of which is a three years' course (it should be five,) the next thing is to adopt a method of study. The great trouble in the way, and one that is often mentioned, is that the studies are so "difficult," the subject so "intricate," or "so hard to commit to memory." One finds it so with anatomy, another with materia medica, a third with chemistry, and it is usually the subject of study that is thought to be at fault, while the student rarely suspects, or doubts his own want of method and skill. With these, any average intellect is able to master a profession, perseverance being given. Those who have been through schools and colleges, have usually acquired a method of studying; in other cases this has been neglected. Ask a scholar of a common public school, how far he has got along in arithmetic or grammar, and the answer will be that he is now in Miss A's room, and that he expects to be in Miss B's next term. Or it may be that he will reply that he has gone half way through the book, and has only an hundred pages more to finish. It is not only in public schools that knowledge is measured by staircases and number of pages. That is a method, it is true, but not the best. If you come here to cram, as it is called, you will find it hard. Your better course will be to watch your teachers closely; you will then observe that each has a method and way of his own of imparting knowledge. Try to understand each one's manner of teaching his particular branch; learn his method, and you will have accomplished more of your object, and will have advanced nearer your aim than by measuring your progress by cubic measure of text-books, or number of examinations passed. Let me give you an example: If in anatomy,

you begin with the blood vessels, you may, if your memory is better than that of the average of people, get their names, structure, and position by heart, and you may possibly remember them long enough to last you through an examination. If, on the other hand, you begin anatomy with its ground-work, the bones, proceeding thence, cautiously to muscles, and thence to the vessels, nerves, etc., you will not only master your subject in one quarter of the time, but you will remember it always. If, in studying the bones, you learn by heart an alphabetical list of their cartilages, roughnesses, ridges, etc., you would be badly off when you try to recall your knowledge. It probably would not last you a single day, to say nothing of a case of fracture, to which you may be called immediately on entering professional life. But take a bone, divide it methodically into a body, two ends, upper, and lower and lateral surfaces, then note the minor details of each surface and extremity, and you will learn more in half an hour than you could accomplish without method in a day, trusting alone to the mechanism of memory.

The same with *materia medica*. It consists of thousands of signs and symptoms. Some have tried to learn them by heart, without arranging them in proper order, or according to some method, and, worst of all, without preparatory knowledge. To comprehend the most commonplace symptom, or apparently trifling phenomenon, e. g. the twitching of an eyelid, though trifling, you will find it quite as difficult to explain as a fit of epilepsy or an ovarian tumor. It would prove particularly difficult for one who tries to remember that a certain drug produces twitching of an eyelid, when ignorant of the nature of that drug, as well as the anatomy of the eyelid, its muscles, nerves, and whence they are derived; and when unfamiliar with the diseases of the eyes, and nervous disorders giving rise to such phenomena.

Method, therefore, means that you should study the different branches in proper succession, and the various subdivisions of each branch in proper order. Do not begin with pathology and obstetrics before you have mastered anatomy; you will incur unnecessary, if not insur-

mountable difficulties, if you persist in so aimless a course. If you will follow our order of work, suggesting only one or two studies the first term, you will do well, and need have no fear.

You need have no fear of ultimate success, if you study medicine for its own sake methodically and—I will add a third condition—unbiassed by mysticism and mystical prejudices.

True science claims knowledge only of what actually is. You would think it were merely necessary to follow the path of science to be free from the mysterious, to escape superstition. Natural sciences in general are not free from such danger; and medical science in particular has ever led the unwary student astray. Superstitious faith lies nearer than we imagine. Often unproved hypotheses have been worshipped as facts. I need not go back to the age of witchcraft, nor to times when monstrous nostrums were thought to possess wonderful charms. The bleeding away and purging off of imaginary morbid matter, in the beginning of this century, were evidence enough. The tortures of antiphlogistic measures, the excessive use of mercury, have nearly been consigned to oblivion, as errors in practice; but the error was based on superstitious belief in unknown diseases, and still more unknown medicines.

It was against such baneful mysticism that the new School raised its warning hand. It did not only seek to destroy the old, but to build up new and better wisdom. It is the cardinal principle of our School to exclude every supposition, every mere assertion and fiction. (*Organon* § 144.) There is nothing so powerful as the force of faith in the mysterious; the war of our school upon the mysticism of the old has cost it many a struggle, and will cost many more. But it has liberated itself from the great danger, in being the first to practically acknowledge it. Still we should beware. The superstition from which homœopathy strives to free the world, is superstition still. Still there are many chasms and pitfalls into which we may drop. The greatest error would be to think ourselves perfect. Our greatest strength would lie in the

free and fearless acknowledgement of our imperfections. I have time only to hint at them here.

Many enter upon the study of medicine, having already predetermined their future method of practice. They "believe in it." They "believe" in homoeopathy or allopathy, they "believe" in the old or in the new school. They come here with minds predetermined with regard to dose and medicine; they are "low-dilutionists" or "high-dilutionists." But I must remind those who enter these halls with the conviction of having solved these problems by mere exertion of their power of faith, that this ability to "believe" must unconditionally be converted into a higher virtue, namely, the desire to learn. Faith and belief exerted as determination to learn everything thoroughly, will give each of you a place in true science. Science on the other hand, ending in belief, ends in superstition.

To accept without crucial test, the bald assertions of others, is not what we would recommend. To believe without repetition of experiment that medicines cure diseases similar to those which they produce, is akin to superstition. Our law of cure has been demonstrated, as a truth, and will be again and again; but to believe, without demonstration, in the unconditional curative power of drugs, as the old school does, is to believe that a well person would be all the healthier for taking medicine. Here science comes in to show you that the curative power of medicine is only conditional, and that there condition rests entirely upon what you actually know about a drug, and upon how well you have learned that every drug can only produce sickness; and upon how well you know the art of converting the morbid powers of a drug into healing powers, that is, how to convert a drug into a medicine.

To believe that medicines as such, exist in nature, would be to believe that crow-bars were dug out of the hillsides—or that cannon-balls grew on trees.

Superstitious belief in medicine leads to accidental cures sometimes, but very often to great calamities. Superstition, or to use a milder term, mysticism, leads to what is justly condemned as quackery. Mysticism with regard to medicine, pervades the people who come to it

for relief. It requires all the strength of character a physician can command, to evade the temptations of a credulous patronage. And many an honest practitioner has been misled by the temptation of reading the minds of his patients, and anticipating their mysterious notions.

The words "high potency," and "low potency," third and hundred thousandth potency, etc., have a potent charm other than the medicinal virtues ascribed to them.

There are hundreds of so called medical phrases pertaining to organs of the body and their diseases, that run riot, not only among patients, but the doctors also. You hear of biliousness cured by this or that tonic, of catarrh annihilated by such or such a potency. It is too easy to fall in with and to adopt this jargon. Ponderous Latin or Greek names are met with everywhere. It is easy for physicians to assume the appearance of learning by using such phrases. Yet it is not difficult to shun them; the recipe is simple. The way to banish such ghosts, is always to translate their names into plain English. The mystery of biliousness will often vanish by calling it headache or stomachache. The great modern bugbear of catarrh will resolve itself into a cold in the head, and—*lac defloratum* into skimmed milk. Let me implore you never to use medical phrases of which you do not know the meaning; search out its real sense and translate it into plain English. For expressions which are untranslatable, though they may startle the many, will always be recognized as spurious coin by an intelligent minority.

Besides want of method, besides superstition and superstitious conceit, I see another dangerous cliff that, like the magnetic pole in ancient tradition, threatens to draw the iron bolts from our ship. It is the partizan spirit which is bred by the human weaknesses I have mentioned. What we must distinguish is a whole-souled, *esprit du corps*, from rankling party spirit. The one builds up our best relations in life; the other undermines them. The one springs from a true fellow-feeling—love of our fellow-men; it is fostered by industry and gain of actual knowledge. The other arises from ignorance as its chief and mighty source. Ignorance encourages inability to think;

ignorance invariably leads to superstition and self-conceit, and this to partisanship. It is natural and right that you should espouse the cause of one or the other prevalent opinion or authority that happens to rule; but never be content to belong to the faction which worships the industrious Dr. A., and to frown upon the set that adores the name of Dr. B. Find not only what Dr. A. and B. said, but more particularly what they did. Sift out for yourselves what is tangible, demonstrable and true; separate it from theory, speculation and captivating verbiage, and you will feel yourselves free and independent students of medicine, who differ from the troubled partisan, with his fears and jealousies, as the patriot differs from the politician. The one knows no party tie but his own conscience; the other is merely the tool of tools, and the dupe of greater dupes than he.

By acquiring all the positive knowledge you can; by thoroughly understanding to the utmost capacity of consciousness, all you have learned; when you have learned it for its own sake, you will then be armed against dangers, and will terminate your career as students, without fear of examinations, or the far greater source of apprehension—self-reproach.

A CASE OF CLEFT-PALATE; STAPHYLORRAPHIA.

BY I. T. TALBOT, M. D.

SUSIE M——, a bright and beautiful girl, eight years old, was sent to the Massachusetts Homœopathic Hospital by Drs. Bell and Dillingham of Augusta, Maine, for operation and treatment for congenital fissure of the palate. The fissure extended through the uvula, across the whole of the soft palate, and left a marked depression, or cavity, in the hard palate at the posterior portion of the palatal suture. The opening was about an inch and one-third in length, and the sides, which were somewhat irregular, were from one-half to three-fourths of an inch apart. The levatores palati, especially that of the right side, had widely opened the anterior portion of the fissure, yet the parts were sound and in good condition, never

having been disturbed by an operation. The child was healthy and being extremely anxious for operation endeavored to do everything in her power to make it successful. For ten days the parts were frequently manipulated, the patient expressing the willingness and even desire to have the operation performed without taking ether, but on coming before the medical class, that they might see the case, her courage forsook her, and the operation was performed while under complete anæsthesia. It is of course far easier to operate when the patient is conscious, with power of self-control. They can then open the mouth to its fullest extent, and retract the tongue, to give the greatest space possible for manipulation. Still, with the assistance of Drs. Bartlett, and Lincoln, and Mr. Russegue, the Resident Surgeon of the Hospital, together with the usual number of assistants from the Senior class, there proved to be little difficulty in performing the operation under entire insensibility.

One of the chief obstacles to union in such cases is the retraction of the muscles. To obviate this, in accordance with the method of Fergusson, the levatores palati of both sides were paralyzed by division. This was done by seizing the uvula and, drawing it downward and forward, the muscle was rendered tense, and then, with a lancet-pointed knife, curved at right angles on its side, the muscle was divided from behind and above. Still holding the uvula, and putting the posterior pillar upon the stretch, the palato-pharyngeus was divided; then the anterior pillar, or palato-glossus, was also cut across. The muscular tension being thus removed from each side, the flaps which had before been widely separated now came into much nearer apposition. The edges of the fissure were now pared from front backwards, and the hemorrhage was allowed to cease. Three silver sutures were now introduced, and, as it is not easy to keep the wire from kinking upon the eye of the needle in such an operation, I used the double-eyed curved needle firmly held in the needle forceps in a diagonal position. In this way the silver wire was easily passed. In adjusting the sutures the ends of the wires were passed through holes an eighth of an inch apart in a

small steel knob attached to a wire handle. By gently carrying this down to the fissure the edges are brought together and the tension adjusted, at will, in the most easy manner. Then by a simple turn of the handle the wires can be twisted so sharply upon each other that they can be cut off closely enough to avoid any irritation from the ends. In a week the sutures were removed with complete union, except at the anterior point, which I was obliged to touch lightly with nitrate of silver, to stimulate the granulations.

In a paper on ingrowing nails, published in the Gazette, January, 1877, I used the word pathology, little thinking that in a physician, whose whole life is to learn and to deal with pathology, this simple word could excite as much ire as the crimson cloth does in a certain taurian quadruped, or the word homœopathy in certain quasi-physicians. There is a peculiar disease, accompanied by phrenzy, which in certain animals we call hydrophobia; the nature of the afflicted animal does not allow the use of words, but the affection is accompanied with frothing, foaming, gnashing of the teeth, and even biting. A somewhat similar condition among allopathists, my friend, Dr. Cooke, has designated "homœophobia." Now would it be in order to term this fear of the word pathology, pathologophobia? It is true this is a long and awkward word, but it contains the same number of letters with homœopathician, barring the diphthong, and it is not a bit more awkward or unpronounceable, and is quite as full of meaning. So that anyone who can adopt the latter word, and place faith in C. M., diluted by a running stream, need not stick at the composition of pathologophobia. But shaking the crimson cloth to the bull, showing water to the rabid dog, shouting homœopathy in the ear of the allopathist, are after all a species of cruelty amusing only to the person who does it and the spectators who witness the futile raving of the creature thus wantonly tormented. I would therefore appeal in a spirit of philanthropy to my professional brethren, that in future when speaking of disease, they should omit entirely the use of the general word referring directly to disease, or if used it should be,

by stars, thus, p * * * * * y. So I will be careful about using it now, and speaking of the p * * * * * y of the case before us would simply say that in this, as in other plastic operations, I think I have seen more rapid and complete healing by first intention from the application to the wound of vaseline mixed with a small quantity of salicylic acid. It protects the wound from air, moisture, and perhaps infusoria.

PHYMOSIS—A CAUSE OF REFLEX TROUBLES AND PARTIAL PARALYSIS.

BY CHARLES HAYES, M. D., PROVIDENCE, R. I.

[*Read before R. I. Homœopathic Society.*]

PHYMOSIS is that condition of the prepuce in which it is so much elongated that it extends beyond and covers in the glans, and at the same time so much contracted that it prevents the proper exposure of this portion of the organ.

It may be either congenital or acquired, as the result of inflammation or disease. It is to the former, or congenital malformation, that I invite your attention for a few moments.

In this condition of the prepuce, if the contraction be great, the child suffers much. The urine escapes imperfectly, and in consequence, chronic balanitis may ensue, or a calculous concretion may form; the parts may become thickened, hard and indurated, and adhesions be set up between the mucous membrane of the prepuce and the glans, giving origin to irritations that often lead to the most serious reflex troubles; the most constant of which is partial paralysis.

The child is unable to creep or walk, often cannot sit erect; is not inclined to amuse himself or express interest in the amusements of other children. His mental condition is dull, showing that irritations of this kind are felt throughout the entire sympathetic nervous system. He is restless, sleeping but little during the day, and perhaps less at night—crying much of the time, and requiring constant attention:

These symptoms, any one or all of them, should be sufficient reason for an examination at once into the condition of the prepuce, and, if phymosis be discovered, the operation of circumcision should be performed.

As an illustration of the foregoing, I will relate two cases that have come under my observation since I became connected with the dispensary.

A. B. 19 months. His parents are in poor circumstances, and cannot be regarded as in health, although not suffering to any extent at present from disease. I have understood that the father had phymosis at the time of his marriage, which was congenital. His general appearance was anæmic. The lower limbs are small and soft, and no effort has been made towards creeping.

From his birth he has had almost constant diarrhoea. Has not slept at night, crying and fretting the night through.

An examination of the penis showed a long prepuce, all efforts to extract which were frustrated by a contracted orifice, into which it was impossible to introduce even a small sized probe.

Ether being administered, the operation of circumcision was performed. The mucous membrane was so contracted that a probe could not be introduced, much less a director, and some considerable difficulty was experienced in introducing the point of one blade of the scissors sufficiently to slit the membrane; but this was finally accomplished by tedious dissection with the extreme point of the instrument. It was now discovered that the membrane was, if not adherent, very closely agglutinated to the whole surface of the glans, requiring some force to separate the two, the fingers alone being employed to accomplish this. The exposure of the glans brought to view a deposit of smegma just behind the corona encircling the organ, of the size of a heavy finger ring. This being removed the remaining steps of the operation—a few stitches—were completed.

The wound healed rapidly, and the child so far as this was concerned made a good recovery, but he slept no better, and the condition of the bowels was not improved.

On the other hand, he almost immediately began to creep, and, before the penis was fairly well, could run all about the room.

A. F. Aged 3. This is a beautiful boy, well developed and nourished except as to the lower limbs, which are small and soft. He has never walked, and creeps in sitting posture. Cannot rise to his feet even by the aid of a chair. Has phymosis—circumcision was performed. The condition of the prepuce was much the same as in the foregoing case, except that the adhesions were more decided, and some hemorrhage followed breaking them up; and there were no hardened secretions behind the glans.

This little fellow also made a good recovery, and very soon began to make use of his legs; and in the remarkably short time of three and one-half months from the date of the operation, could walk unaided.

I am aware, gentlemen, that this paper is incomplete; but I have no theory of explanation to offer, and have presented these cases here, more with the view to excite discussion, and thereby gain information, than from any particular merit or interest which I can throw into the subject.

*FROM ADVANCED SHEETS OF FIFTH EDITION OF
ANGELL ON THE EYE.*

THE LOCAL USE OF GELSEMIUM,

in the form of a solution of the hydrochlorate in water, is likely to prove useful in ophthalmic practice. Used in a solution of about four grains to the ounce of water, it causes in ten to twenty minutes a faint crescent of ciliary injection, and a slight contraction of the pupil, followed immediately by a gradual enlargement, the maximum dilatation of the pupil being reached in about an hour or a little later. A strong solution (24 grs. to the oz.) in repeated applications will in a few hours completely paralyze accommodation. For the purpose of ophthalmoscopic examination this alkaloid is likely therefore to rival atropine, as its effects on the pupil pass off in about a day,

while a mydriasis from atropine may annoy a patient for a week or longer. Gelsemium, used locally, also affects the ocular muscles. Measured by prisms the internal rectus becomes stronger, the external weaker, the internal gaining more than the external loses. Evidently the termination of the sixth nerve is specially affected. Given internally it acts on this nerve, and in large doses also upon the third nerve. In poisonous doses externally or internally, it paralyzes the ocular muscles.

CALABAR BEAN.

The calabar bean (*Physostigmatis Faba*) exercises on the pupil an effect exactly antagonistic to that of atropine. It contracts the pupil, rendering the eye temporarily myopic. Its effects are more rapid and permanent, the stronger the solution made use of. The usual strength is that of about four grains to the ounce of water. It will neutralize the action of atropine to a certain extent, restoring the pupil to its natural size, but the effect is evanescent, passing off in a few hours, when the pupil again enlarges, the atropine resuming its control.

The solution of eserine, the active principal of calabar bean, is from one-eighth to one or two grains to the ounce of waier. It is preferable to the crude drug as less irritating to the eye. It causes a decrease of pressure in the anterior chamber, hence its indication in bulging of the cornea, and in corneal ulcers tending to spread and deepen. It cannot be used, however, in superficial ulcerations where there is vascularity and irritation, as the drug itself produces irritation, and is indicated simply for its mechanical effect. In the intraocular pressure of glaucoma it has been tried with reputed good effect. It has been used more or less beneficially in conical cornea. I have had a chronic case of this affection under medical treatment for some time. Eserine has thus far proved of no avail so far as a reduction in the bulging of the cornea is concerned, but there can be no doubt, I suppose, that eserine is a conservative remedy in such cases. Atropine is supposed to lessen the intraocular pressure only within the vitreous body. The pressure in the anterior chamber

is rather increased by its use, while with eserine exactly the reverse obtains, the pressure in the vitreous being increased, and in the aqueous, decreased.

HOW ACCOMMODATION OF THE EYE IS EFFECTED.

The accommodation is brought about by the contraction of the ciliary muscle, which causes, through the medium of the Zonule of Zinn, an increased convexity of the crystalline lens, mostly at its anterior surface, giving it a higher refractive power. It is *supposed* that this action relaxes the tension of the Zonule of Zinn, permitting the lens through its own elasticity to assume a more convex form. There are also the associated movements, viz., the periphery of the iris is drawn slightly backward, the pupil becomes smaller and is moved forward, the anterior choroid is moved forward, and there is a perceptible forward movement of the whole eyeball.

CONVERGENCE,

so that the two eyes may be directed to the same point, is also, in binocular vision, more or less inseparable from accommodation.

MUSCULAR ASTHENOPIA

may be due to "insufficiency of the recti interni," but is, probably, oftener due to a want of co-ordination between convergence and accommodation. In myopia, for instance, there may be a great demand for convergence and none whatever for accommodation, and the result is a continued painful struggle to disassociate the two. Muscular asthenopia is quite common in myopes, and may occur in others after exhaustive diseases, such as fevers and diphtheria.

DIAGNOSIS.

The patient complains of pain and fatigue of the eyes after use for near objects, very much as in accommodation asthenopia (page 59). When desirable we measure the strength of the muscles by means of prisms. A normal rectus internus will successfully resist the tendency

- to the production of diplopia of a prism of from 20° to 30° , its base outward. If, therefore, we find double images caused by a prism of 6° or 8° , we may judge as to the degree of weakness of the internal muscles. We may also try a pair of prisms, one before each eye. My own convergence is sufficiently strong to overcome prisms of 18° , that is, a prism of 9° base outward, before each eye. The strength of the recti muscles differs widely in different people. The action of prisms is further explained under Paralysis of the Ocular Muscles.

TREATMENT.

The treatment will consist, generally, in limiting the use of the eyes, and in presenting the proper concave glasses. Sometimes, however, the balance between the accommodative and convergence power may be restored by prismatic lenses of 2° or 4° worn base inward, or by combining concave and prismatic glasses. I have a patient now, a student in Harvard University, whose asthenopia is perfectly relieved by wearing decentered glasses (see page 241). If the affection be due to exhaustive disease, the indication will of course be to restore the lost vitality and thereby restore the general muscular system. But in the large number of cases the affection is to be cured by prescribing the proper glasses, limiting at first, and afterwards gradually increasing the use of the eyes for near objects.

STUDIES IN THE MATERIA MEDICA.

BY D. DYCE BROWN, M. A., M. D.

Lilium Tigrinum, (the Tiger Lily).

[From Monthly Homœopathic Review.]

THIS recently proved medicine promises from its pathogenesis to be a remedy of very considerable value in certain forms of disease. The provings are remarkably harmonious and uniform, and our confidence in their reality is increased, not only by this uniformity, but by the limitation of the symptomatology to certain distinct forms of

disease. *Lilium* is essentially a uterine medicine. It produces in the female provers prolapse and anteversion of the uterus (this tested by physical examination), with the concomitant symptoms such as one might expect, as pains in the lower part of the back, rectal irritation, down-bearing, a feeling as if the bowels required to be evacuated, and as if a foreign body (the neck of the uterus) were pressing on the rectum, marked irritation of the bladder, forcing sensation, frequent desire to pass water, with pain in passing it. It also causes more or less uterine congestion, probably secondary, marked ovarian pain, extending down the thighs, leucorrhœa of an acrid character, premature menstruation, and appearance of sanguineous discharge in those who have not menstruated for a long time before. The increase of sexual desire caused by *lilium*, is a very marked feature of it, becoming painfully evident to the female provers, in some of whom it approached nymphomania; and it is even felt by male provers in whom the desire had long before become dormant.

The mental state corresponding to this condition is quite in keeping. A restless, irritable, excitable state, changing into gloomy despondency.

Headaches of a heavy, full type are frequent.

The eyes are specially affected. Symptoms of asthenopia and retinal hyperæsthesia, with aching of the eyeballs, appear prominently; while in one prover, a well-marked and long-standing disorder of vision was cured while proving the drug.

We find no dyspepsia proper produced, but an abnormally keen and peculiar appetite is excited; there is much nausea, evidently sympathetic with the uterus, and a great amount of flatulent distention of both stomach and bowels—the latter the more prominent of the two. The rectal irritation has already been noticed, and seems chiefly sympathetic with the condition of the uterine organs. So also with the bladder, but over and above this sympathetic irritation *lilium* produces an irritating action on the bladder itself, causing frequent desire for micturition, both by day and night, with burning or smarting pain, which in most cases *follows* the expulsion of the urine.

Lilium causes no bronchial irritation, but has a marked disturbing action on the heart, causing palpitation and irregular action, chiefly on lying down and during the night, with various pains in the præcordial region, with a sensation as if the heart was grasped tightly. It also produces, in common with several other uterine medicines, pains of a rheumatic-gouty character in the joints of the arms and legs. There is a tendency to sleepiness by day, and wakefulness, with a hot, restless feeling at night, and chilliness in the evening.

The symptoms generally of *lilium* are increased in the evening from 5 to 8 p. m.

With this introductory sketch, let us examine more minutely the pathogenesis of *lilium tigrinum*.

Mind.—In the emotional sphere there is in the provings of *lilium* marked disturbance. But the mental disturbance is unmistakably secondary, and a result of the sexual and uterine disturbance; it is characterized by depression of mind, alternating with restless irritability, which is a great annoyance to the prover. In various modes of expression, the condition of mental depression or despondency is recorded. The prover feels an aversion to being left alone, likes to be talked to; feels a "constant inclination to weep, with fearfulness, and apprehension of suffering from some terrible internal disorder already seated." She takes gloomy views of everything, is afraid she is going to be insane. The low-spirited feeling is not relieved by work, nor by going to bed; thoughts of suicide occur, with what would happen if she did make away with herself. One prover, suffering from the sexual excitement, felt much depression at the feeling of the moral obliquity she seemed to be guilty of. This condition continued for some considerable time after the proving. Besides this despondency, and as it would seem an alternating state with it, is that of impatient irritability. The prover becomes cross and unreasonable, "has no patience with anything or anybody," moves about in an aimless, restless manner, feels hurried, as if she had a great deal to do, and yet cannot do it; feels unfit for any occupation, and cannot settle to anything; even a desire to strike some one,

and use obscene language, is recorded by one prover, a female. With this state of mental irritation, there is also confusion and blunting of the intellectual faculties. The prover feels stupid and dull. She feels incapacitated for any effort, mental or bodily; the ideas become confused; she cannot describe her symptoms, though she comes for the purpose; the wrong word is chosen, and she is afraid to speak in case of saying something wrong. "She can't think; acts without thought; keeps walking fast, as though by instinct; feels hurried, but don't know why; is forgetful; can't decide for herself, but must depend on others." Such a proving is an important one, all the more that the mental disturbance is the result of the sexual and uterine irritation. *Therapeutically*, it points to *lilium* as a medicine likely to be of great value, in all forms of mental disturbance dependent on uterine disease, or sexual excitement. Thus, in the mildest forms of "nervousness," displaying itself in irritable temper, restlessness, and despondency, when dependent on uterine disorder, up to the more severe forms of it when it approaches insanity and nymphomania, *lilium* will be indicated. Sometimes this state only shows itself before and at the menstrual period, when we should expect *lilium* to be of very considerable service. In *puerperal mania*, it should have a trial; at least in the milder forms of it. This drug has, I think, an especial interest in this sphere of action, for although we have many medicines which produce mental disturbance, there are few which do this so unmistakably in connection with uterine disorder and sexual excitement as *lilium*.

Head.—The confused feeling described under the last heading is sometimes accompanied by dizziness and a faint feeling. *Lilium* causes a considerable amount of headache, as might be expected from the rest of its pathogenesis, but there is nothing peculiar about it distinguishing it from the headache of many other drugs. It is often through the whole head, but more especially on the forehead, on the eyes, and in the temples. Very often it is described as a dull, heavy, *hot* headache, at other times, but not so frequently, it is a pressive pain. Only once is it noted as

occurring in the vertex. One prover, who was subject to sick headaches, records that during the time he was under the influence of the drug, he was free from them. The headache of *lilium* is frequently noted as being worse about 5 p. m., and if affecting one side only, it is generally the left.

Therapeutically, I do not know that there is anything in the pathogenesis to induce one to select *lilium* as a remedy, specially for the headache; but on the other hand, the presence of a dull, heavy, or *hot* headache all over the head, or in the forehead and over the eyes, would be an additional indication for the medicine, when the other symptoms corresponded. I may here observe that a headache of this character is a frequent concomitant of the state of body similar to that produced by *lilium*.

Eyes.—On the eyes, the effects of *lilium* are very marked. There is no conjunctivitis produced—only once or twice is a little redness noted. But its action on the sensory nerves of the eyeball, and on the optic nerve and retina are very unmistakable. We find “intense pain in both eyes, extending back into the head, worse during the night; burning feeling in the eyes after reading or writing; eyes feel very weak.” “Eyes feel as if full of tears the whole day; severe pressure in right eye, lasting two hours.” Then, again, the pain is felt over both, or if over one it is the left, of a dull, or sometimes sharp character. One prover speaks of “heat in the eyelids and eyes,” along with the affection of sight presently to be noticed. Lachrymation is troublesome. Vision is distinctly impaired. The provers describe it as “dimness” of vision, “blurred” sight; objects are indistinct, as after reading, etc. The eyes are sensitive and painful in gaslight, and easier when in darkness, and there is a desire to cover them and press upon them. One prover describes “an appearance, as of a veil before the eyes,” and another as having *muscae volitantes* at various times. One observation I must quote entire, as it is so carefully noted. “Prover’s sight always weak; she is hypermetropic, uses convex fourteen glasses, now sight is much worse (4th day); sight worse, eyes very painful, smarting, must close

them often; light painful, darkness pleasant (5th day); eyes very sore, sight dim, must cease the proving (6th day); eyes no better (11th day); having suffered as above for four weeks my eyes returned to their former condition, with one exception; whereas formerly for one year I had a habit of turning my head towards the left when reading, trying thereby to look with the left eye out of the right glass of the spectacles, and this in order to see the whole of a letter, like b, p, d, etc., of which otherwise I could see only the straight part, but not the curve; now I can see distinctly without turning the head and looking sideways (after about ten weeks)."

This is an exceedingly interesting and important proving, and points out *lilium* as a remedy of great promise in amblyopia, and hyperæsthesia of the retina, caused by over-work of the eyes, from reading, sewing, or other fine work, and of which such symptoms as are given above are very characteristic. In other defects of vision, it might also prove useful.

Ear.—Only one symptom is noted—slight rushing sounds, in both ears after going to bed.

Nose.—Nothing here of importance.

Face.—This is several times noted as being hot and flushed, with once a pain in right malar bone, and once in right jaw, as if the teeth were elongated.

Mouth.—Little is observable here. A coated feeling in the mouth at night in one case, and a "bloody taste" in another, is noticed. The state or appearance of the tongue is not described.

Stomach.—The symptoms appertaining to this organ are rather peculiar. Though in some cases there is loss of appetite, in most it is the reverse; the appetite seems unnaturally increased, there is a special craving for meat, and an aversion to bread and coffee. Thirst is very decided. One prover says: "Thirsty spells always precede a dull, stupid, and despondent spell, and such always precedes the severe symptoms in the proving." Eructations are only twice noticed, but nausea is a constant and prominent symptom, rarely going the length of vomiting. Very marked and constant also is the presence of flatulent dis-

tension in the stomach and bowels, with the escape of flatus upwards and downwards. This will be again noticed when we speak of the abdominal symptoms. Occasionally an uneasy, full feeling is felt in the stomach after food.

Here we see an absence of the usual symptoms of dyspepsia proper, but instead, we find abnormal appetite, nausea, and great flatulence in both stomach and intestines.

The nausea is, I think, clearly reflex, and the result of the uterine disturbance, while the presence of excessive flatulent distension is by no means an uncommon symptom in one suffering from uterine disorder, and whose nervous system is upset.

Therapeutically, I should advise the trial of *lilium* in nausea connected with uterine disturbance, and in the sickness of pregnancy; while it ought to be a medicine of much benefit in excessive flatulence in both stomach and bowels.

Abdomen.—Under this heading is included in Dr. Allen's work a number of symptoms which clearly belong to the uterine organs; these I shall omit notice of till we come to the uterine section. The most prominent symptom here observable is the excessive flatulence. I have noticed this already when speaking of the stomach symptoms, but the presence of flatus is still more distinct in the intestines. Most of the provers complain of it, and it is described by them under the various terms of distension, bloating, rumbling of flatus, flatulency, flatulent movement, emission of flatus, and swollen feeling, and it occurs in an unusually frequent and constant manner. Along with this is a certain amount of colicky or sharp cutting pain, seemingly produced by the flatus. This is worst just before an evacuation, and is relieved by it; as we should expect, if it is caused by flatus.

Several symptoms more properly belonging to the section on rectum and stool, are omitted here.

The therapeutic indications then are excessive flatulent distension of both stomach and bowels, especially the latter, with occasional colicky or cutting pains.

Rectum and Anus.—Some of the symptoms in this section are, I think, in reality uterine, as we shall afterwards

see, such as the pressure on rectum and bladder, with almost constant desire to go to stool. The only symptoms that seem to me to be unmistakably rectal are "burning" or "acid smarting" or "rasping" sensation at the anus and up the rectum, and then only when accompanied by diarrhoea. Diarrhoea did occur in four of the provers, while in others the feeling of desire to go to stool with tenesmus was, as it seems to me, not diarrhoeic, but sympathetic with the condition of the uterus, while twice the bowels are noted as constipated, and continuing so through the proving, the stools being dark and hard. When diarrhoeic stools did occur, they are only described as loose, dark-colored and offensive.

Therapeutically, *lilium* does not seem to me to be indicated in either diarrhoea or constipation *per se*, but it would certainly be calculated to relieve rectal irritation, whether taking the form of looseness, constipation, or tenesmus, with feeling of frequent desire to go to stool, when such a condition is the result of sympathetic irritation from the uterus.

Urinary Organs.—To a certain extent we find the same condition as that noticed in the rectal section occurring in the section on urinary organs, viz. :—that many, or at least some of the symptoms are indicative of sympathetic irritation from the uterus, for we shall see that the uterus is in several of the provers prolapsed and anteverted. This renders the interpretation of many of the bladder symptoms, a point of doubt. Judging from what we find as the condition of the uterus, and from the presence of rectal symptoms, which are undoubtedly only sympathetic, along with the presence of similar indications of bladder irritation, I believe that a considerable proportion of such indications are not essentially vesical, but produced by the state of the uterus. At the same time, it is evident that this is not the only cause of these symptoms, for we find that two of the provers who experienced bladder irritation were males. Besides, the urinary trouble was, in some of the female provers, as bad at night as through the day, which would not be the case if it were the result wholly of pressure, or reflex irritation. This then clearly shows a decided

power in *lilium* to irritate the bladder, and when there is also uterine congestion and displacement, it is evident that such irritation will be much aggravated.

The symptoms, then, produced by *lilium*, on the bladder are, very frequent desire to pass urine, both by day and night, and once described as a feeling of constant pressure on the bladder. The same female prover who says that "she could pass water every quarter of an hour," says that she had to rise twenty times in the night to urinate. Besides this frequent desire there is pain, described by different provers as burning, acrid feeling, smarting, and tenesmus. This is mostly felt after the passage of urine, but one prover (male) states that the smarting burning was felt while he passed it, and describes the urine as feeling more like boiling oil than water. These symptoms are so frequent and marked in the provings, that Dr. Allen prints them in block type.

(To be continued.)

HOMŒOPATHY THE SCIENCE OF THERAPEUTICS.—(By CARROLL DUNHAM, A. M., M. D. 8vo., pp 529. Homœopathic Pharmacies.) The late Dr. Carroll Dunham was one of the most philosophical of homœopathic physicians, as well as one of the most enlightened and estimable of men. His love of scientific therapeutics was a passion. His methods of treatment were the fruit of profound study and earnest conviction. In his mind, every case presented the illustration of a principle, although he never neglected the suggestions of common sense and medical experience. His observation was as keen as his knowledge was extensive. A believer in a fixed theory, his mind was always open to the reception of new light. No bigoted attachment to habit and routine prevented him from watching the course of improvement with eager interest. His researches were profound, his attention ever on the alert, his judgment cautious, though rapid and decided, and his success in the healing art attested the soundness of his principles. Dr. Dunham was a student of nature, a lover of all good knowledge, a worshipper of truth in every department of thought. The present volume consists of a collection of his medical papers, contributions to periodicals, public discourses, studies of remedies, and clinical cases. They are marked with the peculiar characteristics of his mind, eminently reflective in their tone, fertile in original suggestions, and presenting an active stimulus to medical observation and study.—*N. Y. Tribune.*

THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, JANUARY, 1878.

WITH the present number the GAZETTE enters upon its thirteenth year under as favorable auspices as could be desired. We wish to take this opportunity to thank those physicians who have contributed articles during the past year, and to ask for a continuance of the same generous support. We wish further to remind all interested in Homœopathy in New England that there is as much need as ever of earnest work in order that the standard shall be kept up. We cannot afford to fold our hands and console ourselves with the idea that somebody else will carry on the work from which we shall reap a harvest.

There are many ways outside of practice in which we can work for the cause, and not the least important of these is writing for the periodical literature of our school.

We are perfectly well aware that the GAZETTE has its short-comings, but they may be removed very easily if the profession in this section of the country will co-operate heartily with the editors, who, in their turn, are willing to work hard to bring the GAZETTE up to a degree of scientific perfection which shall make it indispensable to every practitioner.

We want reports of interesting cases, medical or surgical, articles on hygiene, discussions of the principles of Homœopathy, or any other subject which may be of interest to the individual; for let each one bear in mind that what interests him cannot fail to be worth something to the rest of the profession.

We are especially anxious that the Secretaries of the various State Societies should send us reports of their meetings, as well as the papers which may be read. The interest which is aroused at a Society meeting is by no means entirely local, but should extend to all Homœopaths; the best, and in fact, the only medium of communication is a magazine having a wide circulation. We should also be pleased to hear from those having the charge of public institutions, hospitals, asylums, dispensaries, &c. With this statement of our wants we send out the initial number of 1878, in the hope that it may fall into the hands of those who are ready and willing to help us, trusting that each successive number throughout the year may show an increasing interest in the cause of Homœopathy.

WE take pleasure in calling the attention of the profession to the Dorchester Home for Nervous and other Invalids, recently established in this city. The treatment is to be entirely Homœopathic, so that an opportunity is given us to watch the effects of our remedies in that branch of diseases which offers such a wide and fertile field. The Home is capable of accommodating eight or ten patients at a time, so that it will be just what the name implies, a home, not an insane asylum, with overcrowded wards and confusion reigning supreme.

The Home has the co-operation of some of the leading ladies and gentlemen of Boston and vicinity, and is under the direct charge of Mrs. M. E. Berry, a lady of considerable experience.

Mrs. Berry is anxious to have Homœopathic practitioners visit the Home and satisfy themselves as to its appointments and adaptability for the purpose. Speaking on the strength of a personal acquaintance with Mrs. Berry, we have no hesitation in saying that she is thoroughly capable of conducting an institution of this kind, and we know that patients entrusted to her hands will have the best of care and attention. The Home is on Dorchester Avenue, second house from Harbor View street; it is reached by the Dorchester Avenue horse-cars, which leave the head of Milk street every fifteen minutes. We urge all physicians to visit this home at their earliest opportunity.

WE are called upon to chronicle the death of Prof. Mercy B. Jackson, which took place in this city on the 13th of December, from softening of the brain. Dr. Jackson had been in active practice for upwards of thirty years, and in that time had made hosts of friends who mourn her loss sincerely. She was twice married, and it was after her second marriage that her attention was called to medicine and to Homœopathy in particular. Her husband, Capt. Daniel Jackson of Plymouth, had striking proof of the efficacy of Homœopathic medicine in the cases of two or three of his daughters, who, while in Baltimore on a visit, were attended by Dr. McManus of that city. Capt. Jackson after being convinced of the superiority of this method of practice, went to New York and purchased a case of medicines and some books, and commenced practice in a quiet way in Plymouth. His wife became interested and studied the subject with care, bringing to it that indomitable perseverance which always characterized her. As their practice increased they began to charge for their services, which had previously been rendered gratuitously. They used to drive around together on their professional visits. At last Capt. Jackson resigned in favor of his wife, who took the sole charge of what, by that time, had come to be quite an extensive practice. Dr. Jackson, after the

death of her husband, removed to Boston and continued practice. She was always a firm advocate of female suffrage, and anxious that women should study medicine as well as men. On the opening of the Medical School of Boston University she received the appointment of Adjunct Professor of the Diseases of Children, which position she occupied at the time of her death. Dr. Jackson was a woman of great energy and strength of character, and her example and precept have doubtless served as a stimulus to many of her sex when entering upon the study of medicine.

NEW YORK OPHTHALMIC HOSPITAL.

THE position of House Surgeon, to this institution, located corner of Third Avenue and 23d Street, New York, will be rendered vacant by the resignation of the present incumbent, Alfred Wanstall, M. D. It will be filled by a competitive examination before the Board of Surgeons, on March 4th, 1878. Any physician in good standing is eligible to the position. Further particulars may be obtained from the present House Surgeon, or from any member of the Board of Surgeons.

CORRECTIONS.—In Table No. 2, opposite page 536, Vol. XII., the barometric range for July, 1874, should read 0.510, while that for September, 1869, should read 1.379.

In the original observations days were omitted, as follows: B. R. February, '73, 2 days; March, '70, 2 days; June, '70, 1 day; August, '70, 3 days; October, '73, 8 days; R. H. May, '74, 6 days; August, '73, 3 days.

In Table No. 4, the B. R. of the month reporting 51 deaths should read 0.804.

In Table No. 5, the B. R. of the month reporting 81 deaths was 1,194, and the average R. H. of the two reporting 21 deaths is 73.4.

BOERICKE & TAFEL, the well-known pharmacists of New York city, have recently established a branch house in New Orleans, La.

OBITUARY.

DR. CLOTAR MÜLLER.

THE following notice appears in the *Allgemeine Homöopathische Zeitung* of the 20th ult., and will be read by all who are acquainted with homœopathic literature with deep regret:—

“A new and crushing blow has fallen upon us. The intelligence has just reached us that our colleague, Clotar Müller, died suddenly on the 10th of No-

vember, after a very short illness at Lugano, Canton Tessin, Switzerland. He had gone southwards in order to escape the injurious effects of our own changeable climate, although he had speedily and completely recovered from the severe attack of pneumonia from which he suffered last May. The news received from him encouraged the hope that he would return with renewed vigor to work once more in aid of our cause. He was, however, seized anew, apparently from overexertion, as far as we can make out, with pleurisy of the left side, and congestion of the right lung. Even this attack, however, took so favorable a course that the physician, under whose care he was, was on the point of leaving him again, when he suddenly fell dead in his chair. What the precise cause of death may have been we are unable to say, as no *post mortem* examination was performed. Apparently embolism of the brain.

“The services rendered by the deceased to the cause of homœopathy will be remembered with thankfulness as long as homœopathic physicians exist.”—*Monthly Homœopathic Review.*

SOCIETIES AND INSTITUTIONS.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The annual meeting of the Society will be held in the Common Council Chamber, Albany, Tuesday and Wednesday, Feb. 12th and 13th, 1878, for the Election of Officers, Reports of Committees, etc., and the transaction of such other business as may legally come before it.

It is hoped that there may be a *full* attendance, as it is expected that matters of *vital importance* will be considered, and it is desirable that a full expression of opinion may be indulged in by the members of the Society, and thus secure the most careful deliberation and mature judgment in the decision of matters of *momentous import*.

Members of the profession, whether delegates or otherwise, are *earnestly* invited to participate in the meeting, by presenting essays, etc., either in person or through another. The undersigned will be glad to learn the titles of papers proposed to be read as soon as possible.

ALFRED K. HILLS, M. D., *Rec.-Sec.*

REPORT OF ALBANY CITY HOMŒOPATHIC HOSPITAL AND DISPENSARY.

REPORT OF HOSPITAL.

Patients in Hospital, August 1, 1877,	4
“ admitted since “	14
“ discharged “ “	9
“ in Hospital, November 1, 1877,	9
Births,	3

DISPENSARY.

Prescriptions issued during quarter,	660
New Patients,.	279
Teeth extracted,	117
Surgical cases,	40
Visits made by Rest. Physician,.	21
R. R. TROTTER, M. D, Rest. Physician.	

HOMŒOPATHIC MEDICAL DISPENSARY OF BOSTON.

This institution was incorporated in 1856, and was opened in April, 1857, and treated during the first year, 618 patients. At first it was sustained by subscriptions among its friends, who in March, 1859, organized a Public Fair in Music Hall, which netted \$13,100, a sum sufficient to maintain the Dispensary to the present time. The number of patients has steadily increased, and the summary for 1876 was as follows :

No. of patients treated at Dispensary,	6,760
“ “ prescriptions,	16,720
“ “ of patients treated at home,	942
“ “ visits made,	4,296
Whole no. of patients treated,	7,702
“ “ “ prescriptions,	21,016
The expenses for treatment were,	\$1085,54
Cost per patient,	14.1 cts.
“ “ prescription,	5.17 cts.

The Dispensary has three branches, which are open daily, except Sundays.

The Central Branch, No. 14 Burroughs St., is open from 10 to 12, under the care of

Dr. A. L. KENNEDY.
Dr. G. A. T. LINCOLN.
Dr. A. McDONALD.
Dr. S. J. HUTCHINSON.

The West Branch, corner of Causeway and Wall Sts., is open from 10 to 11, under the care of

Dr. GEORGE RUSSELL.
Dr. A. BOOTHBY.
Dr. A. L. KENNEDY.
Dr. F. B. CLOCK.
Dr. G. A. T. LINCOLN.
Dr. J. S. SHAW.

The College Branch, East Concord St., is open from 9 to 12, and is divided into Departments as follows :

ORDER OF SERVICE, JANUARY, 1878.

Monday.	Medical Department,	Dr. Tobey.....	9 to 11
	Women's	Dr. Shaw.....	10 to 11
	Eye and Ear	Dr. Payne.....	11 to 12
	Surgical	Dr. Boothby.....	11 to 12
	Dental	Dr. D. M. Clapp.....	9 to 10
Tuesday.	Medical Department,	Dr. Goodrich.....	9 to 11
	Women's	Dr. Wheeler.....	10 to 11
	Throat	Dr. Woodvine.....	10 to 11
	Surgical	Dr. _____	11 to 12
	Dental	Dr. Stewart.....	9 to 10
Wednesday.	Medical Department,	Drs. Lincoln and Kennedy.....	9 to 11
	Women's	Dr. Baker.....	10 to 11
	Chest	Dr. H. C. Clapp.....	10 to 11
	Surgical	Dr. Lincoln.....	11 to 12
	Dental	Dr. Robie.....	9 to 10
Thursday.	Medical Department,	Dr. Shaw.....	9 to 11
	Women's	Dr. Osgood.....	10 to 11
	Eye and Ear	Dr. Payne.....	11 to 12
	Surgical	Dr. _____	11 to 12
	Dental	Dr. McDonald.....	9 to 10
Friday.	Medical Department,	Dr. _____	9 to 10
	Women's	Dr. Blake.....	10 to 11
	Throat	Dr. Woodvine.....	10 to 11
	Surgical	Dr. Boothby.....	11 to 12
	Dental	Dr. D. M. Clapp.....	9 to 10
Saturday.	Medical Department,	Drs. McDonald and Styles...	9 to 11
	Women's	Dr. Wheeler....	10 to 11
	Chest	Dr. H. C. Clapp.....	10 to 11
	Surgical	Dr. Lincoln.....	11 to 12
	Dental	Dr. McDonald.....	9 to 10

MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The annual meeting of this Society was held at the College Building on East Concord St., Wednesday, Dec. 5th, at three p. m., the President, Dr. H. M. Jernegan presiding. The records of last meeting were read and approved. The following named gentlemen were elected to membership, viz.: O. S. Sanders, M. D., of Boston; Chas. G. Brooks, M. D., of E. Boston; Wm. R. Bartlett, M. D., of Chicopee; also the following as corresponding members: Wm. Tod. Helmuth, M. D.; J. C. Minor, M. D., and W. O. McDonald, M. D., all of N. Y. The officers of the Society for the coming year are Pres., John H. Woodbury, M. D., of Boston; Vice Presidents, H. M. Jernegan, and O. S. Sanders, M. D.; Treasurer, M. G. Houghton, M. D.; Secretary, Geo. H. Payne, M. D.; all of Boston.

Dr. Brown, of Leominster, presented an interesting specimen of Adenoid Tumor, taken from a child, aged 11 years.

Papers were then read on the following subjects, viz. :
Glycerine in Follicular Vaginitis, by Dr. D. B. Whittier of Fitchburg.
Vaginismus, by Dr. H. K. Bennett of Fitchburg.

An interesting case of Herniotomy by Dr. H. M. Jernegan.

Absence of the Uterus, by Dr. Geo. H. Payne.

Dr. Jernegan brought before the meeting a case of Ovariectomy that he had operated on last March. The lady reported herself in much better health than she had ever been before.

Dr. O. S. Sanders will read a paper at the next meeting, the subject of which will be, Menstruation and Ovulation.

After an interesting discussion of the papers, the society adjourned until it is next regular time of meeting, in March.

GEO. H. PAYNE, Sec'y.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

[Reported by the Secretary.]

A quarterly meeting of this society was held on Friday evening, Oct. 17th, at the new and elegant residence of Dr. George L. Barnes. More than twenty members were present. Drs. Charles L. Green of Providence, and James B. Tillinghast, of Phenix, were admitted to membership. Dr. Mann presented the name of Dr. W. R. McLaren, soon to be of Woonsocket; and Dr. Gottschalck the names of Dr. E. D. C. Parker of Pawtucket, and Dr. George W. Stearns of Providence. The resignation of Dr. Elbridge G. Carpenter, of East Greenwich, was accepted; cause—difficulty of attending the society's meetings.

Numerous items of business first received attention, among others the organization of a Homœopathic Library Association, which will afford its members an opportunity to consult all the leading periodicals of the world, in both old and new schools of medicine, at a moderate expense. Dr. Mann presented by request, for the society's consideration, a circular entitled "Transcendentalism in Medicine." Immediately upon the conclusion of its reading by the Secretary, the whole subject was tabled without dissent. A paper entitled "Scarlatina in Rhode Island; a Study," already printed on these pages, was read by its author. At its close a number of interrogatories were propounded, and after their reply, a vote of thanks for the paper was adopted.

Dr. Gottschalck directed attention to a fever frequently met, which is not embraced in any classification of disease yet given—the gastric fever. There is some headache and nausea, even vomiting; the

tongue is generally moist, and throughout bears a thick, white coat, though occasionally the posterior portion appears yellow as if covered with mustard paste ; sometimes sour risings occur ; generally constipation but occasionally diarrhoea ; very rarely does it commence with a chill. In six cases the thermometer never rose above 102, nor the pulse above 110. The abdomen is not sensitive, neither generally is there pain. The urine contains a large excess of chlorides. It lasts an indefinite time, and yet is not a continued fever. The prostration is excessive, but the disease is seldom fatal. I never lost a case.

Dr. Hall mentioned a recent case answering to the above description, save that the tongue was red, though slightly coated at first. Such fevers cannot be called typhoid.

Dr. Barrows had observed the red tongue where there was much vomiting. He considered typhoid a misnomer, for lung, gastric, and enteric fevers may alike assume a typhoid form.

Dr. Hayes had not heard particularly of the disease until he came to Rhode Island, but always understood it was peculiar to the place. He had seen fevers here of a different type from any previously met.

Dr. Mann stated that since he had entered the State he had met fevers of which he could find no description in books. Indeed all present seemed to recognize gastric fever as a distinct disorder from gastritis, and deserving equal rank with other fevers.

Late in the evening the Society was invited to the spacious dining room, and there partook of a bountiful turkey supper, provided through the thoughtful liberality of the host.

NOTE. Lest the action of the society be misinterpreted, a word on "Transcendentalism in Medicine" may be in order. The subject was tabled because there was no time to devote to its proper consideration, because of disinclination to engage in a foreign quarrel, and especially because we recognize it to be not only a physician's privilege, but *duty*, to use any medicament, in such manner and in such quantity, as in his judgment may seem necessary. As a society, we are united *solely* by the recognition of the law, *Similia similibus curantur*, as a fundamental principle in the science of medicine, and the only *safe* guide in practice. Some of our members are strongly tinged with allopathy ; some are characterized by the almost exclusive use of high potencies ; while some range the entire field, from tinctures to the thousandths. When cases are reported we simply ask the attenuation employed, and there the matter drops. *In certis, unitas ; in dubiis, libertas.*

BOOK NOTICE.

CYCLOPEDIA OF PURE MATERIA MEDICA. VOL. VI. Edited by T. F. Allen, M. D. Boericke & Tafel.

WE are already able to congratulate both the profession and Dr. Allen on the appearance of the sixth volume of this, in many respects the greatest of homœopathic works. At the surprisingly rapid rate at which the volumes follow each other in the process of publication, we shall, within less than two years, be in possession of the complete work, when every physician will have it in his power to study in detail, and, we may say, from the original sources, the effects of any medicinal substance of which there is a record in medical literature.

The volume now at hand embraces seventy-two drugs, ranging alphabetically from *Lycopodium* to *Niccolum*, including besides the old, much used and abused salts of magnesia, the mercurials, muriatic acid, the salts of soda, and other familiar remedies, such new and uncommon ones as *mate*, the jellyfish, and even the most modern therapeutic meteor, *salicilate of soda*. As in the previous volumes, the effects of all these substances have been collected with a degree of painstaking-diligence, reflecting the greatest credit upon the editor and his collaborators.

The scope and importance, not only of this volume, but of the whole work, may be judged from the manner in which mercury, and its preparations, are treated. We have, here, the positive effects of metallic mercury of *merc. aceticus*, *bromatus*, *corrosivus*, *cyanatus*, *dulcis*, *iodatus flavus*, *iod. ruber*, *methylenus*, *nitrosus*, *precipitatus albus*, *precip. ruber*, *solubilis*, *sulfo-cyanatus*, and *sulfuricus*—each one given in minute detail, and yet in the most succinct and perspicuous form. For the purpose of showing those of our readers who are still unacquainted with the character of the work, how well it merits the title of *Encyclopedia of pure drug effects*, we transcribe the list of authorities from which the effects of metallic mercury have been gathered :

Authorities.† A. De Haen, effects on a gilder, *Ratio Medendi*, p. 229 (Leyden, 1661); Walter Pope, effects on laborers in quicksilver mines in Italy, *Philos. Trans.*, 1665, 1, p. 21; Scopoli, effects on workers in the mines in Idria, Venice, 1671; John Paterson Hain, effects on self of handling or being in the same room with the metal or any of its compounds, *Bonetus, Med. Septendri. Coll.*, Geneva, 1686, 2, 386; Jussieu, effects of workers in quicksilver mines of Almada, Spain, *Mem. de l'Acad. Roy. des Sciences*, 1719, p. 358; Ramazzini, effects on gilders, *Op.*

† These are "*pure*;" the utmost care has been taken to avoid any complication with disease; especially have the effects of Mercury in syphilitic cases been omitted.

Med. et Phys. (de morb. artificium), 1719, p. 486; Junchen, general effects in gilders, from Ramazzini; Fernelius, effects in a gilder, from Ramazzini; Forestus, effects in a gilder, from Ramazzini; Borichius, effects in a gilder, from Ramazzini; Fourcroy, effects in a gilder, note to a translation of Ramazzini (from Swediaur, *Traité des Mal. Syphil.*); same, effects on wife of preceding, who also slept in the workroom; Trew, effects in a woman, aged sixty, from silvering mirrors, *Act. Phys. Med.* 1737; Spens, effect in a woman, aged thirty-six, of rubbing ointment of Merc. into groins and upon some hæmorrhoids, *Edin. M. and S. J.*, 1805; same, effect in a man, of mercurial pill and ointment continued six weeks for bubo; Dietrich, "Mercurial Diseases," general effects (from Hempel, *Mat. Med.*); Thackrah, effects in gilders, *ibid.*; Wm. Stokes, effects from silvering mirrors, *Ryan's Med. J.*, 5, 520; Kopp, from Hempel, effects in a gilder; Kussmaul, *Unters. ueb. d. Constitutionellen Mercurialismus*, 1861, detailed effects in over one hundred workers in Erlangen; Hermann, effects in workers, from Kussmaul; Keller, effects on workers in Bohemia, from Kussmaul; Bæumler, effects on workers, from Kussmaul; same, effect in a woman, aged twenty-eight; Kussmaul, *op. cit.*, effects on workers in Furth; Fronmuller, effects on workers, from Kussmaul; Goetz, effects on workers, from Kussmaul; Ascherson, effects on a man, from Kussmaul; Keyssler, *Journeys, Hanover*, 1740, effects in workers in mines, from Kussmaul; Weerbeek du Chateau, effects on workers in Prague, 1814, from Kussmaul; Bayer, *Horn's Archiv*, 1820, effects in workers, from Kussmaul; Sundelin, effects on workers, from Kussmaul; Mitchell, effects on workers, *Lond. Med. and Phys. Jour.*, 1831, from Kussmaul; Rayer, effects on workers, *Annal. de Therap.*, 1846, from Kussmaul; Canstatt, effects in thirty-four cases among workers, *Clin. Ruck. Blatt.*, 1848, from Kussmaul; Van Berger, *Deutsch. Clin.* 1850, effects on workers; Passot, effects on workers, *Gaz. Med. de Lyon*, 1852, from Kussmaul; Koch, effects on workers, *Canstatt's Jahrb.*, 1855; Pleischl, effects on workers, *Oest. Zeit. f. Prak. Heilk.*, 1856; Petters, effects on workers, *Prague, Vjhr.*, 1856; Aldinger, *Inaug. Diss.*, Würzburg, 1861, effects in workers; Sigmund, general effects, *Bost. M. and S. J.*, 18, 362; same, effect in a man, of 22 ounces of crude metal, taken in five days; Burdin, effects on silverers of mirrors, *Dict. des Sciences Med.*, 54, 276; Schron, effects of carrying Merc. in a leather bag about the neck, *Hygea*, 11, 514; Abeille *Med.*, 1853, effects in a "silverer;" *Edin. M. and S. J.*, 6, 513, effects of a large quantity (30 tons) stowed on shipboard; Colson, effects on physicians and students from inhaling mercurialized atmosphere in a syphilitic hospital, *Arch. Gen. de Med.*, 1826, p. 71; same, effects of mercurial inunction for itch, in two women; R. Bright, effects on a workman exposed to vapor of mercury, *Rep. of Med. Cases*, London, 1831; same, effects in a man and woman from fine particles of triturated Mercury; same, effects in a gilder; Bateman, effects in two "silverers," *Edin. Med. and Surg. J.*, 8, 376; same, *Bost. M. and S. J.*, 18, 138; Arrowsmith, effects on a "water gilder," *Lond. Med. Gaz.*, Apr. 1834; same, another case; Peyrot, effects on a "silverer," *Arch. Gen. de Med.*, 1834; Ollivier and Roger, effects of vapor of distilling Merc. on two girls aged seven and ten, *Ann. d'Hyg.*, 1841; Grapin, effects in a man of sleeping in a room in which a wooden bowl that had held Mercury had been burnt in a leaky stove, *Arch. Gen. de Med.*, 1845, p. 328; same, effects on wife, aged fifty-six; same, effects on daughter, aged twenty-one; same, effects on daughter, aged sixteen; Porter, general effects, *Am. J. Med. Sc.*, 1847, p. 245; effects of fumigating with Merc. a hospital ward infested with bugs, *Journ. de Chim. Med.*, 1849; Lange, effects of ointment in children with lice, *Med. Zeit.*, 1851; Barlow, effects

in a gilder, *Med. Times and Gaz.*, 1853; Christison, effects in workmen; Falconer, effects of a girdle containing Mercury worn about the waist for the cure of itch, *Bost. M. and S. J.*, 18, 138; Earle, effects in a gilder, *Bost. M. and S. J.*, 7, 274; Oppolzer, effects in a woman employed in making barometers, *Oest. Zeit. f. Pr. Heilk.*, 1857; Bricheteau, effects in a gilder, *Bull. Gen. de Therap.*, 1866; Leroy, effects in a woman working in skins that had been treated with Mercury, *l'Union Med.*, 1867; Tilbury Fox, effect of inunction, *Lancet*, 1867; Ramskill, effects in a silverer, *Lancet*, 1868; Ferrand, effects in a woman of sleeping in a room where Merc. had been volatilized, *l'Union Med.*, 1868; Gueneau de Mussy, effects on a man, aged thirty-seven, of "silvering" for two years, *Gaz. des Hop.*, 1868; Vallon, effects in two workers, *Schm. Jahrb.*, 86, 239; Gailleton, general effects, *l'Union Med.*, 1867; Concato, effects on workers, *Revista Clin.*, 1868, S. J., 145, 144; Schmitz Inaug. Diss., 1869, effects of silvering; same, another case exposed to vapor of Merc.; Morrison, effects of strongly inhaling from an old vial containing the 4th dec., *Month. Hom. Rev.*, 1875, p. 33; same, effect on Dr. J. B.; Sharp, *Essays on Med.*, p. 725, effects of $\frac{1}{4}$ gr. of first or second trit., taken night and morning.†

At the risk of greatly exceeding the space ordinarily devoted to a book notice, we have ventured to give this long excerpt for the purpose of making unmistakably clear the drift and scope of the work. This appears to us called for, as we are aware, from numerous communications received, that many misapprehensions exist concerning its aim and character. It will be seen that not only have the statements of Hahnemann been verified with the utmost scrutiny by Dr. Richard Hughes, wherever this could be done, but also that the pathogeneses of the various drugs embrace all that could be gleaned from medical literature since Hahnemann's time down to the day of publication. Until further provings and observations of an improved kind shall have been systematically and laboriously carried out, we shall know nothing more concerning drugs than what will be embodied in the work before us when completed. Meanwhile, we are already enabled by it to meet even the most difficult cases with a sense of reliance on positive knowledge which hitherto it has only been possible for those to carry with them to the bedside who have been able to bestow more time and study to the sources of our *materia medica* than could be given by the majority of practitioners.

If from this time forward there is no better understanding of drug-effects, no more genuine appreciation of our laws of cure, no better sifting and verification of symptoms, and no deeper interest in the building up of a pure *materia medica*, the fault will not lie with Dr. Allen and his fellow-workers, nor with the publishers, who have left nothing undone to bring out the work in the most appropriate and perfect form.

† Dr. Buchmann's "emanation proving," from holding a sealed vial of Mercury in the hand, *Hom. Vierteljahrsschrift*, 15, 301, *are omitted*.—T. F. A.

CORRESPONDENCE.

Naja.

TO THE EDITORS OF THE N. E. MEDICAL GAZETTE.

GENTS: Please allow me, through your journal, to call the attention of the profession to the fact, that we have now a new and reliable supply of the very valuable drug, *Naja*. It has been prepared by Messrs. Thompson & Capper, homœopathic chemists of this town, in the same way, and with the same care, as our recent supply of *Crotalus* was; with however, this slight difference, that in the case of *Crotalus*, the original stock was the pure venom in its naturally liquid state, received directly from the fang of the living snake, in this country; whereas, in the case of *Naja* the original stock has been the pure venom, that has been received and dried on glass, in India, and brought to this country in small glass tubes carefully sealed.

In the case of *Crotalus* the venom was, with the assistance of Dr. Drysdale, Dr. Proctor, and Mr. Isaac Thompson, received in small glass vials direct from the fangs of the snakes, and immediately mixed with equal quantities of pure glycerine. This was afterwards, and before any dilutions were made from it, tested, by injecting a few drops of it underneath the skin of rabbits, birds, and mice; death, with the usual symptoms, was the result within a few minutes. This preparation was then entrusted to Mr. Isaac Thompson, of the firm of Thompson & Capper, who added glycerine to it so as to make the proportion one of the venom to nine of the glycerine, in order to make sure of preserving the venom from decomposition; glycerine being the best menstruum for preserving animal substances from decomposition. This preparation of one in ten was called tinct., as the strongest officinal preparation; and it is the preparation mentioned under that designation in the Pharmacopœia, 2nd Ed. p. 123; and it is the preparation from which all our dilutions of *Crotalus* are now, or ought to be, made.

As an assurance that glycerine preserves the venom patent, even in a less proportion than one in nine, I may mention that a few days ago I injected underneath the skin of a dog a few drops of some that I have had for five years, half venom and half glycerine, and death, with the usual symptoms, was the result.

In the case of *Naja* we have had two supplies of the dried venom; one was presented to Messrs. Thompson & Capper by Dr. S. H.

Ramsbotham of Leeds, and which was presented to him by a "medical friend who received it direct from the secretary of the 'Snake Poisoning Commission' in Calcutta;" the other was received by myself direct from Surgeon Edward Nicholson, of the Army Medical Department, and author of an excellent treatise on Indian Snakes, and which he himself collected and brought to this country.

As four drops of the liquid venom yielded one grain of dry residue, these two supplies were separately dissolved in glycerine, in the proportion of one grain to three; so as to represent venom of the natural strength. These were then separately tested, by Mr. Isaac Thompson and myself; of one of them as much as would represent one-fifth of a grain of the dried venom was injected underneath the skin of a cat, and of the other as much as would represent one grain was injected underneath the skin of a dog. In the case of the cat, death, with the usual symptoms, took place within fifteen minutes, and in the case of the dog, within ninety-five minutes. Glycerine was then added to both so as to bring them up to one drop of the liquid venom in ten—the tinct. of the Pharmacopœia, and corresponding with that of *Crotalus*.

From these Messrs. Thompson & Capper have prepared the ordinary dilutions; and it is to be hoped that all homœopathic practitioners and chemists will procure a supply of this new and reliable preparation, which as with *Crotalus*, may be had as low as the first centesimal dilution.

I am, gentlemen, yours truly,

JOHN W. HAYWARD. M. D.

Liverpool, England, Dec. 1, 1877.

THEY, BEING DEAD, YET SPEAK TO US.

DEAR GAZETTE: You, who have many and eminent correspondents from parts remote from Boston, will permit a few lines from a suburban village. Permit, at least, this expression of devotion and loyalty to your high purpose in medical literature. To the busy practitioner there is no jubilee of rest in the busy twelve-month. Still he may seize leisure, "like drowned honor, by the locks," not only for thought, in his buggy, but for reading at his desk, when others sleep. The physician never sleeps, he drags his cases before Somnus, he consults with Morpheus, he retrospects, he prognoses, and wakes at a passing foot-fall.

There is no new thing under the sun. It is not strange that the

Chinese venerate ancestry to the point of worship. We owe the dead so much ! Our boasted knowledge, what is it?—the sum of their experience, the fruit of their toil. Who shall dare to graft or prune ?

In these still hours of the night, my eyes, as I write, are moist at thought of the devotion of the so-recently dead to those who yet linger with us. Two widely known representatives of our benign profession, in Boston, representatives of two schools in medicine, and of two sexes, have closed their mortal careers,—Drs. Edward Hammond Clarke, and Mercy B. Jackson. The lesson of their lives is not lost. Nothing is ever lost, nothing is new ; all things spring from the essence of nature, changeable, but not destructible.

They are changed, to us,—“ as in a moment, in the twinkling of an eye ” they have become transfigured. Now we see them as never before. One, as an eloquent exponent of the truths of sexual physiology, his pages throbbing with the convictions of ripe experience ; the other, a venerable and matronly presence, benign, sagacious, in advance of her sex, companion of their sorrows in her own body, yet a light-bearer to all, in new and thorny paths.

I cannot forego this tribute of my respect and love for one so worthy as she to be the mother of reform, an exemplar of woman’s capabilities. She was in very deed a woman ; twice a wife, often bearing the pangs of motherhood, self-sustained yet supporting, of perfect symmetry of mind and body, she was fashioned to lead women and to command the veneration of men. Her life will bear golden fruit.

Of Dr. Clarke it seems fitting to add that we, as a separate and rival school in medicine, do all appreciate his life and character. We are eager to reciprocate his gentle and courteous devotion to his convictions of truth, so free from self-seeking or assertions of professional perfectness. His life and work belong to the great con-fraternity of New England Medicine. We most cordially appreciate the true, the beautiful, and the good, as so signally illustrated in his professional career as a citizen-physician. There are, too, thoughtful, quiet men among us, homœopathists, who, all along, have esteemed his book, “ Sex in Education,” a landmark of physiological truth. Who can gainsay it?—let him speak forth only words of soberness and truth. For one, I endorse his views as a physician of attentive observation and no little experience, as a husband, as the father of a daughter whom may God save from misdirected ambition, and as the son of a venerable and scholarly mother, herself an educator.

How solemnly his last words reach us, with the force of words spoken by the dying when they put forth the hand to shed immortal

light on finite conviction: "Physiology condemns the identical, and *pleads* for the appropriate education of the sexes, so that boys may become men, and girls women, and both have a fair chance to do and become their best."

Other and familiar pens may pay more ample and fitting tribute to these lives. I only give over the fullness of my heart. I but seek to lay above these two graves a little spray of green, in token of our love of a brother, a sister, in our devoted profession. If they have passed to higher rewards, the golden future will reveal their bending faces; but assuredly they are not lost to us, though we shall not look upon them again.

J. HEBER SMITH.

Melrose, Dec. 16, 1877.

CLIMATE FOR CONSUMPTIVES.

EDITORS N. E. MEDICAL GAZETTE:

BECAUSE of the very many cases of Pulmonary disease, which physicians of even ordinary practice are called upon to treat in the Northern and Eastern states, the question of Climatology is of no little importance, and deserves a much more careful and thorough handling by the profession, than it has yet received. There is not a shadow of doubt but that hundreds, perhaps thousands, of human lives would be saved, annually, if our physicians were more thoroughly interested in the question of Climate; and, if what I may have to say upon so important a subject will excite inquiry among even a few of the many homœopathic physicians who read the GAZETTE, I will feel highly gratified, and that I have not written in vain.

Four of the thirty-nine states in the Union lay claim to superiority of climate for pulmonary invalids; but it is as yet a question whether they deserve the recognition they claim, and for what special class of cases they are suited. These are questions which experience alone can decide; and they are questions which deserve the closest attention at the hands of the profession.

Florida has long been indiscriminately recommended by northern physicians, for any and all cases of consumption of the lungs; and while there are many living monuments to tell of the efficacy of a winter in Florida, there are doubtless quite as many or more, who have been hurried to their death by the moist and enervating atmosphere of the Peninsular state. It cannot be gainsaid that the atmosphere of Florida, humid though it is, has proven beneficial in very many cases;

but it is evident to any thinking man, who will give the matter careful attention, that a humid atmosphere cannot but be injurious in a very large majority of cases of lung disease. If this is true, Florida is not the place for a majority of cases, although it may be the place for odd cases. Physicians who have sent patients to Florida, should give us the benefit of their experience on this subject.

Next to Florida, California has long occupied the attention of consumptives and of physicians, who were in search of a climate for pulmonary invalids; and I have no doubt but that recovery has followed in a much larger number of cases which have gone to California, than in those which have tried Florida. The climate of California is much more invigorating and bracing than is the climate of Florida, but it has the same objection that presents in the case of the latter, viz: moisture. This is more especially the case with the Western Coast, the atmosphere being very much more humid than in other sections of the state.

Of late years Colorado has engrossed the attention of physicians searching for climate; and while no one can say that the enervating atmosphere of Florida is to be found in the Centennial state, very many patients who have first visited Colorado and have then come to Western Texas, complain that the air is too chilly and raw to be borne when the lungs are sensitive to the cool raw air. In the first stage of pulmonary consumption, very many cases have fully recovered in Colorado; but when the lungs become sensitive to crisp, chilly air, Colorado is no place for them, and the further away they keep from the frosts and snows of the mountains, the better it will be for consumptives.

The climate of Western Texas has not yet become generally known for its adaptability to nearly all forms and stages of lung affection, but as it becomes more generally known, it also becomes more favorably known, and we are now being visited by many hundreds in pursuit of health. I believe the climate of the western portion of the Lone Star state, is the best offered in the United States, to a very large majority of pulmonary invalids, and for reasons which are various. San Antonio, which is the central point, the commercial city of Western Texas, is one hundred and seventy miles from the Gulf at its nearest point. Its altitude is nearly 700 feet. The thermometer has not fallen for years below 26° *above* zero, while its average for the year is about 70°; the average during the winter and spring is 65°. Hoar frost is unknown, while snows never fall, and ice never forms to a thickness greater than an inch, on vessels left out of doors at night,

with water in them. We have very much less rain during the winter and spring than is found in California or in Florida; neither do we have the ice, the frosts, and the snow of Colorado.

For these reasons, I think the climate of Western Texas superior to that of California, Colorado, or Florida; and of the many hundreds of consumptives who visit San Antonio and vicinity each winter, but a small per centum are not completely restored to health, or are at least, very greatly benefited by a residence in our health restoring climate.

Consumption, Bronchitis, Asthma, and Nasal Catarrh are, in a great majority of instances thoroughly subdued by the *pure, dry, warm* air of Western Texas.

Yours, respectfully,

San Antonio, Tex., Nov. 20, 1877.

C. E. FISHER.

ITEMS AND EXTRACTS.

ON THE INFLUENCE OF DIMINISHED SUPPLY OF OXYGEN TO THE TISSUES ON THE DISINTEGRATION OF ALBUMEN IN THE ANIMAL BODY.—Dr. A. Frankel, agreeing with the cardinal proposition laid down by Bischoff and Voit, that the urea excreted under normal conditions, is chiefly derived from the disintegration of albuminous food, and that all the nitrogen of the decomposed substances is eliminated by the solid and fluid excreta, suggests that in pathological conditions it is no longer the food but the organs of the body which constitute the source of urea, and that definite conditions must be present under which the organized substance is abnormally disintegrated. The effort to discover these conditions without, at the same time throwing the animal experimented upon into a febrile state and thus complicating the experiment, led Frankel to pay attention to another series of pathological processes, which, whilst causing great increase of the disintegration of nitrogenous compounds, was essentially different from fever, in the circumstance that this disintegration was occasioned by the ingestion of well marked chemical substances into the body. With this object in view he tested in different animals, 1. The action of acute phosphorus poisoning on the interchange of tissue. 2. The action of obstructed pulmonary interchange of gases on the decomposition of alcohol. 3. The influence of poisoning by carbonic oxide upon the interchange of nitrogen. The changes in the disintegration of the

tissues resulting from abstraction of blood was not investigated by Frankel because a carefully conducted series of experiments had already been made by Bauer. The main interest attaches to the researches made under the first head because they enabled Frankel to follow with certainty the conditions on which the abnormal excretion of urea in the diseased organism depends. The chief peculiarities of acute phosphorus poisoning manifest themselves in the lowering of the oxidation processes on the one hand, and on the other in the increase of the disintegration of albumen. The former finds a probable explanation in the great destruction of red blood corpuscles, (the carriers of oxygen to the tissues) within the vessels, as well as in the loss of large quantities of blood which are permanently withdrawn from the respiratory process in consequence of hæmorrhages which result from changes in the walls of the smaller vessels. The increase in the disintegration of albumen is, however, a great difficulty in the way of this explanation, for this might either be due to a diminution in the processes of oxidation consequent on phosphorus poisoning, or might itself be a cause of the diminished oxidation process. The researches undertaken under the second, third, and fourth heads were made with the object of deciding the question whether the augmented disintegration of albumen was really conditioned by a diminution in the activity of the oxidation processes.

The subjects of the experiment were dogs, weighing about 50 lbs., which were either fasting or fed on sufficient meat and fat to equalize the consumption and elimination of nitrogen. The urine was withdrawn by means of a catheter and the proportion of urea estimated by Liebig's method. The supply of air was carefully regulated by a Trendelenburg's plug-canula. The result of the experiments was that on those days on which the supply of air was greatly diminished, and even lowered to the minimum, the amount of urea eliminated, augmented, as compared with the preceeding days, fifty and even one hundred per cent. It increased also, though in a smaller proportion, in the experiments made with carbonic oxide gas. The proportion of gas inhaled was only from one half to five per cent., and the excess of urea was about seventeen per cent. These experiments agree with those of Bauer above alluded to, who found that the disintegration of tissue after withdrawal of blood led to increased excretion of urea, and to coincident diminution in the absorption of oxygen. The true explanation of this, according to Frankel, is that the animal body has only the power of decomposing dead or dying, but not living, albuminous tissue, and the amount of disintegration of this tissue is

dependent on the quantity of such dead material as is present in the body, whether introduced from without, or formed from within. If now the supply of oxygen be greatly reduced the organs begin to die, just as certain parts of the body undergo necrosis when the supply of their blood is cut off, and as these dead parts are eliminated from the body their discharge gives rise to an increase in the amount of urea. Frankel gives an analogous explanation in the case of phosphorus poisoning and in fever.—(*Virchow's Archiv*, B. lxvii Heft 3.) *Practitioner*.

TRANSFUSION OF BLOOD IN PERNICIOUS ANÆMIA. At the medical congress, held at Hamburg this year, Professor Quincke reported two cases of successful transfusion of human blood in pernicious anæmia. After the transfusion, partial destruction of the red blood corpuscles took place, manifesting itself in transient hæmo-globinuria, and corroborated by direct numeration of the corpuscles, the cause of which was probably the different character of the blood in the patient and the person from whom the blood was withdrawn. The blood corpuscles subsequently greatly increased in number, and the abnormally small and variously formed corpuscles disappeared. There can be no doubt that transfusion is extremely useful in some cases of pernicious anæmia.—(*Med. chirurgische Rundschau*, March, 1877.) *Practitioner*.

THE PROPHYLAXIS OF PHTHISIS.—At a meeting of the Paris Academy of Medicine, M. Lagneau read a paper which was referred to the Committee on Hygiene, in which he advocated strongly the enforcement of measures of public hygiene with a view to diminish the frequency of phthisis. This terrible scourge of the inhabitants of the temperate zone is, he showed, more prevalent in Paris, than in Berlin and London, reaching a mortality of 18 per cent.; a proportion in which it is exceeded by Brussels and Vienna. He pointed out that where as formerly the male deaths from phthisis were less than the females, the proportions between the sexes has now become reversed, the male mortality being to the female as 115 to 100. Further that the mortality was higher by one-fourth among the immigrant population (country folk and foreigners) than among the native Parisians. After alluding to the fact that the disease prevails in warm and cold climates, M. Lagneau pointed out that certain regions enjoyed an immunity, such as certain altitudes in the Alps, Pyrenees, Cordilleras, Andes, the Mexican plateau, and certain northern countries, as Iceland, the Hebrides, portions of the north-west of Scotland, and the Faroe Islands. Although the only point in common

between these mountain districts and northern countries is the possession of a low temperature, he showed, however, that cold could not be considered as preventive of phthisis, for M. Homann has shown it to prevail at Christiansund, in 62° north latitude, with a mean annual temperature 45° C. (40° F.), and M. M. Etzel Billebon, and Guerault report a certain proportion of deaths from pulmonary consumption in Greenland. In France itself a far larger number claim exemption from military service on account of chest disease, in the northern departments, as those of the Nord and Pas du Calais, than in the rest of France; but there is likewise a fair proportion even in the Mediterranean departments,—where sufferers are so often sent. M. Lagneau showed also that poverty and insufficient nourishment do not go hand in hand with phthisis, the inhabitants of those districts where the disease prevails being in much better circumstances than many others where phthisis is almost unknown. Pursuing his analysis further he finds a general consensus of opinion among French authorities as to the favoring effect of sedentary occupations and trades; the department of Morbihan, which furnishes the fewest instances of the disease being also the least industrial part of the country. He urged therefore the formation of free gymnasia, the encouragement of athletic exercises, formation of choral societies, establishment of public sanatoria for the phthisical, prevention of over-crowding in workshops, and means taken to procure a good supply of air and light in newly built dwellings, legal restrictions against juvenile labor, the encouragement of physical exercises in the Lycees and schools, and the substitution of rural camps in place of barracks, where the young soldier could pass his term of military service.—(*Lancet*, Oct. 6, 1877.) *Practitioner*.

THE INFLUENCE OF CLIMATE AND RACE ON THE HEALING OF WOUNDS.—A paper on this subject has been read at the Academie de Medicine by M. Rochard, of the French naval service. It is a question of great importance, which has been made the subject of but little systematic observation—viz., the influence on the progress of traumatic wounds, accidental and from operations, of climate and of race. His observations have been made in the extremes of temperature in the frigid and torrid zones. In the former the low temperature is very prejudicial to the repair of wounds. Very slight injuries lead to ulceration, to erysipelas, and to angioleucitis. The progress of cicatrisation is very slow. Sloughs, the consequence of frostbites, are extremely tardy in course. Nevertheless, the rule is that healing

occurs. Tetanus, M. Rochard believes, in opposition to some statements, is not more common than in temperate regions. This is the clear teaching of the experience of English Polar expeditions. The opinion that tetanus was common in Polar regions was based on the frequency of trismus infantum in Iceland. The influence of the torrid zone is complex, partly due to temperature, partly due to the influences of endemic maladies and of race. A high temperature favors the progress of wounds. In the tropics, cicatrisation is more rapid, and surgical operations succeed better than in Europe. The complications which confer much of the danger on wounds are not the same. In Europe most die of purulent infection or inflammatory processes; in the tropics, tetanus and hæmorrhage are the chief dangers. Traumatic fever is less intense and shorter in duration than in Europe. Erysipelas and pyæmia are extremely rare.

The mutual relation of endemic maladies to traumatic influences is very interesting. During the healing of a wound in a patient who has at some previous time suffered from intermittent fever, the intermittent frequently again shows itself. It would, perhaps, be more correct to say that its influence on the traumatic fever gives it an intermittent course—a phenomenon to be observed with regard to other febrile affections occurring in the subjects of intermittent, as is well known. But it is to be remarked that the more intense febrile disturbance hinders the cicatrisation of wounds. Chloro-anæmia with œdema is still more prejudicial, and some authors have ascribed solely to its influence the phagedænic ulcers of warm countries. Affections of the liver have been stated by Verneuil to increase the gravity of wounds, but M. Rochard has been unable to discover any confirmation of the assertion. The observations on the influence of race on processes of healing are confined to a confirmation of the slight febrile disturbance and rapid cicatrisation which mark the healing of wounds in certain negro races; but severe traumatic fever sometimes occurs in them, with a temperature of 104° or 105°. M. Rochard concludes with an allusion to the results of skin-grafting on colored subjects, on the immunity to tetanus presented by opium-smokers, and on the rapidity with which they pass under the influence of chloroform.—*Hom. World.*

POISONING BY CARBOLIC ACID TREATED BY APOMORPHIA.—G. W. Semple states that a patient took by mistake two teaspoonfuls of strong carbolic acid. In a few minutes she was in a state of great debility and complained of a violent burning sensation from the fauces to the stomach. The pulse was full, slow, regular and strong. Solution of

bicarbonate of soda was ordered and taken. She quickly, however, fell into a semi-comatose state, and was with difficulty made to swallow six ounces of olive oil. Forty minutes after taking the poison rather more than $\frac{1}{2}$ a grain of apomorphia in twelve minims of water was injected subcutaneously. In three minutes there was copious emesis, which continued at intervals of twenty minutes for an hour and a half. A very large fæcal evacuation followed, with an abundant flow of smoky-colored urine, having a strong odor of carbolic acid. Recovery, without ill effects, took place. Dr. Semple lays great stress on the rapidity with which the apomorphia acted as an emetic, and strongly recommends all who practice, to keep it in solution, as it requires some time to make it up.—*Practitioner*.

CHRONIC DIARRHŒA—NUPHAR LUTEA.*—(*J. L. Gage, Hornellsville, N. Y.*) Mr. P., aged seventy-two, in the summer of 1873, had dysentery which was never cured, but resulted in a chronic diarrhœa. In February, 1871, his wife died; this had a very depressing effect, and he failed rapidly. He was arranging his affairs, expecting to follow his wife soon, and probably would had he followed up the same treatment. The first of April I saw him, and noticed the following symptoms: Pale, sallow complexion; emaciated; food tasteless; no relish or appetite for food—this I looked upon as the worst symptom indicative of his approaching end; tongue, red, clean; he was feeble, scarcely able to walk; had to rise every morning at six o'clock for stool; usually two to four passages in a few hours, and no more until next morning. The call was *urgent, he must go quick. Stool liquid, light yellow; smarting at the anus; extreme prostration.*

I gave him Byronia at first, which relieved him, but was not perfectly homœopathic, I then gave Nuphar lut., (I had just been studying its effects,) this cured him quickly and permanently.

In six weeks, instead of the sallow, pallid look, the feeble body and depression of spirits, he had a fresh, ruddy look, good appetite; was cheerful and happy, at work in his garden. Has remained well since.—*Amer. Hom.*

PHOSPHORUS—CHRONIC DIARRHŒA.—(*J. L. Gage, Hornellsville, N. Y.*) Mr. M., aged forty-eight, had had diarrhœa for eight years, never a day free from it. He had from two to twelve or fifteen stools a day. Always worse in warm weather; stools light yellow and painless; appetite good; health not much impaired. I met him one day walking with a cane, leisurely, spoke to him, said he was not well, and related the above facts and symptoms. I gave him Phosphorus 6, to be taken

three times a day. Saw him again in about two weeks, he was perfectly well, and remained so. He said in three days after taking the medicine he had a natural stool, the first in eight years. Only the one prescription was given.—*Amer. Hom.*

CHINA—CHRONIC DIARRHŒA.—(*J. L. Gage, Hornellsville, N. Y.*) Mr. S., aged seventy, a retired farmer, had recently moved into town; called at my office, said he had a brother that had been dinging at him for years to try homœopathy. He said he had had diarrhœa for twenty years. He had tried all the *best physicians* in western New York. No good. Symptoms were: *watery stools, generally dark color; painless; much flatulence, especially at night; stools toward morning and during the day.*

This was in June, he was always *worse in warm weather*. China cured him in ten days. He remained perfectly well during the summer, fall and winter. In the spring he had a sore or abscess of some kind, and he thought he must employ a native surgeon. He drugged him, lanced the sore and it got well, but that old diarrhœa was back again. The doctor said he could cure it, but the more he “cured” the worse he grew. He continued under the doctor’s care about four weeks after the abscess healed, then sent for me. The symptoms were much the same as formerly, only the stools were wholly involuntary, he had no control over them. He was completely a victim of misplaced confidence. I gave China 6, every four hours, lengthening the intervals as improvement went on. The relief was prompt and in two weeks he was perfectly well. Never had a return of it. He lived three or four years, sickened and died while I was sick myself.

Remarks.—What remarks is it necessary to make? Every homœopath knows these cases are only illustrations of the law of cure guiding us. I could cite various other cases, but it would only be a repetition of what occurs in every physician’s practice. There is hardly a case of chronic diarrhœa but what is amenable to homœopathic treatment, but the old school are powerless to cure such cases.—*Amer. Hom.*

PERSONALS.

C. R. DORAN, M. D., has located in Jacksonville, Florida.

H. B. MASON, M. D., has removed from Portland to Calais, Me.

Dr. W. K. KNOWLES has removed from Searsport to Bangor, Me.

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VOL. XIII.

STUDIES IN THE MATERIA MEDICA.

BY D. DYCE BROWN, M. A., M. D.

Lilium Tigrinum, (the Tiger Lily).

[From Monthly Homœopathic Review.]

(Concluded.)

The kidneys do not seem to be specially affected, the urine in some cases is scanty, and in others is copious; in some clear, and in others with sediment. Therapeutically, *lilium* ought to be a medicine of great value, not only in relieving vessel irritation, taking the form of frequent desire for micturition, and pain during and after it, when dependent on uterine displacement and congestion, but also in simple cystitis, and in vesical irritation short of actual cystitis.

Sexual Organs.—The symptoms appertaining to the male organs are *nil*; the only one recorded being a seminal emission towards morning in a prover in whom this is recorded as being “extremely rare.” But it is far otherwise with the female sexual organs. Here we have a pathogenesis of great importance; some symptoms being subjective, others objective, ascertained by physical examination. The latter I shall give first, as they throw a flood of light upon the meaning of the subjective symptoms. “On examination, the uterus was found low down, the fundus tilted forwards, and the *os uteri* pressing backwards upon the rectum, allowing but a difficult passage of the index finger between the *os* and rectum,” and the prover says, “on introducing the finger into the vagina, she finds the *os*, which is usually so high as to be almost out of

reach, now so low as to only a half-finger high, the os much tilted back and pressing against the rectum, the fundus pressing on the bladder." And the prover records "severe neuralgic pain (I think) in my uterus, so severe that I could not bear to be touched or moved, and even the jar of anyone against the bed was torture to me; I could not bear the weight of my clothes upon the pelvic region; this never lasted more than an hour and a half at a time, and passed off without leaving any lameness; upon the recurrence of the symptoms, I found by examination that the womb was anteverted; this is something that never took place before in my experience."

The subjective signs are marked down-bearing, with a sensation of weight and pressure, as if the whole pelvic contents would force themselves out of the vagina, and as if they required support by the hand, by sitting, or by pressure of some sort. Aching in the sacrum, going through to the pubes; "feeling of irritation" in the uterus, and "constant distress as from approaching menstruation," are complained of.

Those symptoms that I deferred noticing in the section "abdomen," as more properly belonging to the uterine section are as follows:—Heat and pressure in the hypogastrium; forcing down in the pelvis, as if everything were coming out through the vagina—this is described as being "very distressing, and not relieved by change of position; this dragging down towards the pelvis is felt as high as the stomach and even the shoulders, not relieved by lying down, though worse while standing; a disposition to place the hand on the hypogastrium and press upwards, in order to relieve the dragging sensation; steadily increasing while riding; when walking, a sensation as if everything were pressing down in the pelvis, so that she inhales forcibly, in order to draw up the thorax and relieve the pelvis of weight." The down-bearing pressure gives the feeling as of diarrhoea coming on, but no evacuation occurs, except a small quantity of urine. This latter is frequently complained of. I must quote some symptoms entire as they are so characteristic. "Bearing down in lower part of abdomen continues, now the twentieth day

since it commenced, with severe pressure in the rectum and at the anus, and a constant desire to go to stool; but with every effort to evacuate the bowels, urine only was discharged; sensation as if a hard body was pressing backwards and downwards against the rectum and anus; standing on the feet aggravated the desire to go to stool;" and the prover remarks that she has felt the same down-bearing and pressure "low down in the vagina once or twice before an excessive fatigue from walking or working." Another describes the feeling as "like light labor pains," and "she could not sleep for the continued pelvic pain, which resembled that of imminent miscarriage."

Besides this, there was very marked pain in the region of the ovaries, in most of the provers, chiefly the left. It is described variously as a cutting, sharp, dragging, gnawing, grasping, stinging, darting and dull pain. It extended down the thighs. One prover says, "when walking, pain in both ovaries, worse in the left, extending down the anterior and inner aspect of the left thigh, as if it would be impossible to take another step; as soon as she extended the limb she must immediately again flex it, and then, because of a restless feeling, must again extend it; at length she went to sleep on the back, with knees and thighs flexed; she cannot tell which pelvic region is the worst, that in the back or that in the pubic region; the whole contents of the pelvis seem to drag downwards and forwards, and quite from the stomach."

Leucorrhœa, of an acrid character, causing soreness and excoriation, and of a brown color, staining the linen, and making her think that menstruation was coming on, occurred to one prover, who says such a thing had never occurred to her before. There is a swollen feeling, with itching and smarting in the labia. The menses seem, in most cases, to be brought on more freely and before the time by *lilium*. In one case, where the prover was 42 years of age, had not menstruated for two years, but had been in good health, a discharge of bright red blood appeared and lasted for four days, with "dull, heavy pain, and great weakness in the small of the back and loins." Once the menses occurred after only a fortnight's interval,

the discharge "slight, dark, thick, and smelling like lochia." In another case, the menstruation was "not one-fourth so much as usual, but followed by profuse bright yellow leucorrhoea, so acrid as to excoriate the whole perineum, a new symptom for me," and in another prover, the menses were delayed a month, and scanty.

Lilium produces very strong sexual instinct. One female prover says that she was formerly "very free from such feelings," another that the sexual desire, "hitherto dormant, was so strongly aroused that she said, 'I am afraid of myself, I seem possessed of a demon;' this excitement continued almost three weeks, increasing in intensity until an orgasm, beyond the control of the prover, would suddenly terminate it; during these attacks there was a constant urging to unusual physical exertion, walking, &c., in the hope of relief, the mitigation afforded by this, however, ceasing with the effort; there was in this state a constant hurried feeling, as of imperative duties, and utter inability to perform them; for about ten days following this excitement, there was profound mental depression; to the prover, 'the heavens seemed brass, and the earth iron'; although convinced that the sexual desire resulted from drug action, and beyond her control, an apprehension of moral obliquity weighed grievously upon her; with the sudden passing off of this condition would as suddenly recur the excitement, and this alteration continued more than four months after the proving." In another case there was "a disposition to use obscene language, a kind of nymphomania." This continued so distressing that she took *platina*, which cured her.

It is particularly worthy of note that one of the male provers, a medical man, found in his own case, "rousing of sexual desire, which had been dormant for years," showing the remarkable aphrodisiac effect of *lilium* on males as well as females.

Such a complete and thorough proving, coupled with the state of the uterus, as demonstrated by physical examination, ought to be of the greatest therapeutical importance, and these indications are clear—

1. In prolapse of the uterus with anteversion, asso-

ciated with the usual sensations of down-bearing, rectal and bladder irritation, and secondary uterine congestion. In uterine congestion, unassociated with marked displacement, but when the symptoms in general correspond, *lilium* might and probably will, be of service.

2. In ovarian irritation.

3. In excessive sexual excitement, and nymphomania.

Its exact use in menstrual disorders is not clearly indicated, but points to menorrhagia.

It is worthy of note that not only the results of physical examination, but also the subjective symptoms, all point to anteversion, and not to retroversion.

Respiratory Organs.—The symptoms recorded here are evidently merely nervous; such as sighing respiration and frequent desire to take a long breath, alternated with short breathing.

Chest. The symptoms noted in this section should not be all classed together—at all events when they are so, one is apt to miss the import of them. The first set of symptoms are those of constrictions or tightness or oppression in the chest, and sometimes felt all over, in other cases in the lower part. This sensation is relieved by sighing. I think it clear that such symptoms are purely nervous. There is nothing to indicate anything more than this, while the absence of evidence of bronchial irritation, and at the same time the presence of much flatus in the stomach causing pressure on the diaphragm, sufficiently accounts for them; and, moreover, the relief obtained by sighing leaves little doubt. The second set of symptoms—pains and uneasy sensations confined to one part of the chest, are almost entirely found in the left side, in the præcordial region, or below the mamma. These pains seem to me more properly to belong to the section on the heart, and will be considered there.

The third set of symptoms pertain to the mamma, and are entirely from one prover. She complains of pains in the mamma, and always in the left, varying in character, as a dull pain, a constricted feeling, a dull aching, a crampy, and sharp, cutting pain; going up into the shoulder, through to the shoulder-blade, and once down the

left side as far as the lumbar region. These pains lasted for two months. They are probably sympathetic with the uterus.

The therapeutic indications would be the presence of troublesome pains in the left mamma, especially when sympathetic, as is usually the case with uterine disorder.

Heart and Pulse. In the case of the heart, we have unmistakable evidence of functional disorder, but nothing more.

1. There is in some provers only a dull, heavy, or oppressive feeling in the region of the heart, but the most characteristic sensation is that of the heart being violently grasped.

This comes on suddenly at night, wakening the prover in a state of disquiet. This grasping sensation gradually relaxed, was relieved by rubbing and pressure, and interrupted the cardiac pulsations and the breathing. All the other pains in this region are worst when lying down at night, in bending forward, or in stooping. The heart symptoms in one prover produced shortness of breathing on going up a stair, or on walking exertion.

2. Palpitation. *Lilium* produces palpitation to a very considerable degree. This occurred chiefly at night on lying down, preventing sleep, and occurring also with the grasping pain which wakened the prover, and even the palpitation in one case was sufficient to waken out of sleep. One female noticed that the palpitation, "like other symptoms, is less felt if she can busy herself much." Not only was this state of palpitation, etc., the experience of the female, but also of the male provers. One of these, a medical man, records as follows; "The heart's action was intermittent; every intermission was followed by a violent throb, causing an involuntary catching of the breath; at the same time the blood rushed up through the carotids, to the head, producing great heat, and a crowded feeling of the head and face; these symptoms followed me for more than a month, so constant were they that I became alarmed, fearing that I might have misjudged the case, and instead of medicinal symptoms, I was really suffering from an organic disease of the heart, but a physical examination of

the heart's action put my mind to rest ; at the present time I have no trouble (after 50 days)."

As to the pulse, its rapidity was not influenced, but a medical prover records, "pulse small and weak, as if the blood did not reach the radial artery in the usual quantity."

Therapeutically this proving points out *lilium* as a medicine likely to be of value in functional disorder of the heart, characterised by palpitation, worse at night, and on lying down, weakening the patient, and accompanied by various uneasy sensations about the heart, as feeling of weight or oppression, sharp pains, or the sensation as if the heart were grasped tightly.

Neck and Back. As might be anticipated from the previously described uterine symptoms, pains in the back are much complained of ; occasionally between the shoulders, but chiefly in lumbar and sacral regions, of a dull, gnawing, drawing, dragging, sharp, or down-bearing character.

Therapeutically, these symptoms are of value only in connection with uterine ailments, which produce these pains.

Superior Extremities. Like several uterine medicines, *lilium* seems to be capable of producing pressing or tearing pains in the muscles of the arm and forearm, stiffness and painful sensation in the wrists and finger-joints. One prover records a sensation "as if an electric current," beginning in the index finger of the left hand, and going up the arm, and then the same in the right hand, continuing for several hours, with simultaneous coldness of the feet ; and a feeling of pricking in both hands, going up the arms, with a sensation "as if the blood would press through the veins."

Inferior Extremities. A feeling of weakness in the limbs is complained of, when walking, by several provers, with pains of an aching, boring, or sharp stitching character in the hips, in the muscles of the thigh and leg, the knee-joints, the ankle-joints, the top of the left foot and the toes.

Therapeutically, these symptoms point out *lilium* as probably of service in rheumatic-gouty pains, in women, subject to uterine disorders.

In the skin, there is nothing to note.

Sleep and Dreams. There is a tendency to sleepiness during the day, with wakeful restlessness at night; uneasy and disagreeable dreams are complained of. One medical male prover records, "Queer, half-waking dreams, with burning heat the whole night; things occurring at short intervals appeared as if very long intervals were between, as for example, when a child got up to pass urine, the intervals between getting up and passing urine, and going to bed again, seemed very long." There is a tendency to chilliness over the body, with cold hands and feet, especially in the evening, and hot, restless, feverish feeling at night, and a desire to put the feet out of bed, or in a cool place. Most of the symptoms are aggravated from 5 to 8 P. M.

CERTAINTIES IN MEDICINE. NO. I.

The specific remedy for gall-stone disease is CHINA.

It is now twenty-three years since the discovery was made.

Previous to December, 1854, no writer on the subject of gall-stone had found its specific remedy, and all the writers on therapeutics, both Homœopathic or Allopathic, leave us entirely in the dark as to the radical cure of gall-stone and no one of them throws any light on the prevention of the recurrence of bilious colic.

Dr. Bernhard Baehr, the author of the "Science of Therapeutics," published in 1869, says: "In treating this form of colic, every independent observer must deem it highly improbable that medicine can act upon these biliary concretions."

Though he quotes largely from Hartman, he admits that "in our own practice, at least, we have never yet obtained any degree of evident success by adopting the treatment he proposes."

In the treatment of gall-stone-colic, Hartman ranks Colocynth above Chamomilla. He also gives more or less importance to Digitalis, Laurocerasus, China, Veratrum, Cuprum, Nux vomica, Nux moschata and Arsenicum.

While Baehr himself recommends Arsenicum as the most valuable remedy in the treatment of the *colic*, he also

recommends Veratrum, Cocculus, Belladonna, Nux Vomica and Sulphur, and suggests Turpentine as of doubtful ability.

Our friend, Doctor C. G. Raue, of Philadelphia, also recommends for relief of the pains of passing gall-stones, Arsenicum and Veratrum, Colocynth, Cocculus, and Mercurius, while Rademacher prescribes Carduus marianus, and others suggest Alumen, Lycopodium and Terebinth.

Dr. Jahr, for the paroxysms of colic from passing gall-stones, suggests Bell. Calc. Hep. Lach. Lyc. Sil. Sulph.

My friend, Dr. H. L. Chase, of Cambridge, has found *Kalmia latifolia* useful in this disease. "Dr. Drury has recommended Calc. carb. 30, as a gall-stone expeller." But I have never learned that it has ever proved beneficial.

Our English collaborator, Dr. Wm. Morgan, in his little work on "The Liver and its Diseases," just published, recommends for the relief of gall-stone-colic, "to place the patient in a warm bath, where he should remain till he borders on syncope; the administration of Aconite 3^x every half hour, and a hot compress sprinkled over with tincture of Aconite in the matrix form, should be applied, and kept on over the seat of pain for some hours, or until relief follows." He also recommends Belladonna, and Nux Vomica, to relieve the spasm of the gall-duct, caused by the irritation of the calculus, and to correct the dyspeptic symptoms. This last remedy he says "should be administered in one, two, or even three drops of the tincture, and repeated at short intervals."

He also very highly recommends *Lycopodium clavatum*, and is delighted with the soothing influence which the club-moss, or wolf's-claw exercised on the spasmodic paroxysms in gall-stone-colic.

The same author says, in relation to the radical cure of gall-stone-disease, that "the materia medica of homœopathy contains many medicines which undoubtedly do act specifically on the secretive functions of the liver, and which tend to prevent that tendency to the manufacture of calculi which we are so anxious to avoid. Among these remedies may be prominently mentioned the *Podophyllum Peltatum*, *Leptandra Virginica*, *Iris Versicolor*, *Euonymus*

Atropurpureus, Apocynum Androsemifolium, Taraxacum, Mercurius Solubilis, Nux Vomica, Acidum Nitricum, Acidum Hydrochloricum, both internally and externally, as baths and compresses." He also prescribes rigid diet and regimen, and details experiments made on the cholagogue action of numerous substances, and recommends the use of the mineral waters of Carlesbad, Ems, Marienbad, Vichy, Eger, also the Apollinaris water.

He also suggests the hydropathic treatment, and the wearing of a cold water compress over the hypochondriac and epigastric regions, to be removed every night and morning for a week or ten days, or until the critical pustules appear on the surface; also the morning sitz-bath, and the Turkish bath; also vigorous physical exercise, as cutting wood, digging the ground, rowing, riding a hard trotting horse, etc., etc., etc., but without mentioning a single instance of the success of one or another of these modes of treatment in radically curing, or in preventing the recurrence of the gall-stone-colic.

He also quotes the opinions of various authors, none of which have stood the test of observation and experiment.

As I am frequently consulted by physicians and patients from a distance, in regard to my remedy for Gall-stone, and as I am credibly informed that some physicians persist in denouncing the statement that China is a specific for that affection, as "pretentious," and a "humbug," and as a professor in a medical college still teaches that there is no remedy for Gall-stone but opium, and as there is an evident attempt on the part of some physicians to cast discredit on the discovery, and contempt on the discoverer, I propose to adduce some additional evidence of the truth of my first proposition, that China is a specific for Gall-stone.

Although for more than twenty years frequent articles have appeared in medical journals; in the Transactions of the Am. Inst. of Homœopathy, and in other Medical Societies, as well as in various newspapers confirming the truth of my proposition, yet in the "Annual Record of Homœopathic Literature," edited by Raue, with a corps of assistants, not the slightest notice was ever taken of my

numerous communications in regard to the use of China as a specific for Gall-stone, till one or two years ago, when my young friend, Dr. C. F. Nichols, of Boston, was added to the corps of assistants.

If we did not know something of the perversity of human nature it would seem incredible that the readers of Homœopathic journals could still express doubts in regard to the efficacy of China as a specific for Gall-stone, except on the ground that the source from which the information comes is deemed unreliable.

Some little time ago, a stranger from a neighboring state called on me with a slip from a newspaper, containing an account of the trial of some Homœopathic physicians, by the Mass. Med. Society, in which it was stated that China was the remedy for Gall-stone. He had shown it to his physician, and asked him if it was true. He received the reply "that some doctors say he does cure, and others that he does not."

As I take the affirmative of the question, and shall try to show that he always cures, I hope your readers will bear with me while I relate the following history.

In December, 1854, I discovered that China is the specific for Gall-stone, and that the periodical colic, yclept bilious colic, produced by the passage of a calculus through the duct of the gall-bladder, and by other causes, is permanently prevented.

During this long period of twenty-three years, I have treated hundreds of cases of Gall-stone, from all parts of this country, from Maine to California, and from Canada to New Orleans, without failing in a single case to make a perfect cure, (excepting, of course, the few cases now under my care which are not finished).

My first case of cure was Mrs. M., of Boston; a lady of about thirty years, of light complexion, light hair, and light blue eyes; of amiable disposition and gentle manner. She had been afflicted for several years with periodical colic, occurring every two, three, or four weeks. Her physician, Dr. D., an Allopath, had pronounced it a case of Gall-stone, and informed her that there is no known remedy for it but morphine.

He had always treated her with opiates, thereby relieving somewhat her symptoms, but without, in any degree, checking the frequency or severity of the attacks.

As one of the characteristic symptoms of this case was periodicity, I selected at length, (after much blundering with other remedies,) China, and gave her a dose every one or two hours. I wrote in my note book the next day, "The pain subsided after taking China."

Having at that time less knowledge of Homoeopathy, as well as less faith in its power to cure diseases, than I have now, I undertook to discover the specific remedy for Gall-stone; and to prevent the recurrence of this periodical colic, I directed Mrs. M. to take China at gradually increasing intervals of time. She was cured, as she has had no return of the colic in twenty-three years.

These and other similar cases of Gall-stone-colic, and of periodical colics from whatever cause, were early reported to my colleagues.

Since that time I have been liberal in my communications to medical journals and medical societies, on the subject of China as the specific for Gall-stone-colic.

In the last twenty-three years I have treated hundreds of cases, with the most entire success, and without a single exception; and the remedy which has done so much is China.

In 1876 I treated thirty-one cases from various parts of the country. Last year, 1877, I treated twenty-six cases, making, since January 1st, 1876, fifty-seven cases.

I have cured six or seven cases in Central City, Colorado, where a gentleman whom I had cured went to live.

I cured the mayor of that city, and he has sent me so many patients with the same disease, that his Honor playfully suggests that I can afford to pay him a commission.

I am aware that there are many of our colleagues in the land who are trying this remedy successfully, yet it is evident that there are many who have no knowledge of it, even in our midst, here in Massachusetts, and in Boston; which fact furnishes me with an additional reason for troubling you with this communication.

CASES CURED. January 23, 1873. Mrs. W., of G. St., had periodical colic for years, occurring every few weeks. I gave her China 3, in pills, six pills at a dose, once a day till ten doses were taken, then every second day, till ten doses were taken, then every third day till ten doses were taken. She has had no return of the colic in nearly four years.

February 1st, 1873. Mr. L. D. S., in Grenville Place, in the employ of the B. & A. R. R. Co., at the signal station on Back Bay, suffered from periodical colic for many years. I gave him China 4, six pellets at a dose, once a day till ten doses were taken; then every second day till ten doses were taken; then every third day till ten doses were taken, etc., etc. He has had no return of the disease in about five years.

The above Mr. L. D. S., on the 2d, of June, 1873, introduced Mr. A. B. G., the Post Master of D., who suffered many years from Gall-stone-colic, and was treated Allopathically, "suffering many things of many physicians, and growing nothing better, but rather worse." An abscess appeared in the right side, and through the opening many gall-stones emerged. I gave him China. He was cured of Gall-stones, but has since died of cancer.

If my article were not already too long, I would interest you with details of this extraordinary case.

Mr. W., of Third Street, is another of the victims of two grievous maladies, Gall-stone and Allopathy. When I first saw him, I was informed that his physician had pronounced his case hopeless. He was then suffering from acute hepatitis, which resulted in abscess of the liver, which discharged through the lungs.

After suffering with lung disease a long time, he at length recovered. The changing aspect of this case required other remedies besides China. The patient entirely recovered, and is now living, and has had no return of the bilious colic.

November, 1874. Mr. B. W. W., of Colorado, was a victim of Gall-stone-colic, at irregular intervals, for years, and had found no remedy. A gentleman, Mr. G. W. C., whom I had cured of periodical colics years before, when

he was in Boston, told him what I had done for him. I gave him China, 6th. He is entirely cured.

This friend, Mr. C., who had been a great sufferer for many years was also entirely cured.

November, 1874. Mrs. L., the wife of the Hon. I. N. L., of Vineyard Haven, suffered from frequent attacks of Gall-stone during a period of eight months. She took China 6, *ut semper*, and her colic increased in frequency. I ordered the continuance of China. Mrs. L. is now well.

A number of other persons, residents of Martha's Vineyard, who were victims of periodical bilious colic, hearing of the cure of Mrs. L., applied to me. I sent them China. I believe they are all well, as I have not heard to the contrary.

December, 1874. Mrs. P., of New Orleans, suffered many years from periodical bilious colic. Being in Boston with her husband, she consulted me. I gave her China 6, *ut semper*. Some two years later I had an opportunity to inquire after her, and learned that she had never had any return of the disease after taking the first dose of the little "sugar pills."

December, 19, 1874. Mrs. C. of M., consulted me for periodical colic. I am not sure that this was a case of Gall-stone disease. I gave her China 3^x every three days, a dose of six pills. I have been informed that she has had no return of the colic.

February 22, 1875. Mrs. S., of Medford. Mass., was a victim of periodical colic, had pains in hepatic region, shooting through to the subscapular region. China cured her entirely.

April 3, 1875. Mr. J. E. B., of Pleasant Street, Boston, a gentleman of dark complexion, strongly bilious temperament, age about seventy-five years; had suffered years with a periodical colic, occurring every one, two, or three weeks, during which time he was under the best medical skill of the Allopathic school in Boston. He took China, one dose twice a week, and is cured, having had no return of the colic in nearly three years.

April 11, 1875. Miss W., of Fields Corner, Dorchester, a sufferer from periodical colic, took China, and has had no return of the disease.

June 22, 1875. Mrs. H., of Ward Street, South Boston, has been a great sufferer from periodical colic, with jaundice, and other symptoms usually accompanying Gall-stone, took China, and has had no pains since.

August 28, 1875. Mrs. B., of Nashua, N. H., a very fleshy person, consulted me and said she was first attacked on the first day of February last. Had sixteen colics since that time, in a period of seven months. Had found only one gall-stone. Has not noticed any jaundice. Bowels constipated generally. Has had rheumatism for six and a half years, in the extremities. China 6, *ut semper*, cured her at once.

November 6, 1875. Mr. F. has had two severe colics since August, 1873, though he had frequent attacks of it previous to that time. He never found any calculi in the feces. He feels a tenderness in the hepatic region, and lies down every day to get relief from it. He has had tenderness to pressure there for twenty years, with induration of the liver. He is very anxious about himself; is restless at night; irritable from slight causes; passes urine often by day, but not at night; tongue white in patches; eructations, and flatus in bowels. He says that when he takes the "sugar pills," China 6, he feels a perceptible uneasiness in the region of the liver, more so than he feels on other days.

I gave him China 6, every day at first. He is cured.

I fear my article is already too long, but if you desire more on this subject, I can add to this list of cases numbers that would astonish our misguided Allopathic colleagues; and if they would only be kind enough to believe, and wise enough to try to cure with our Homœopathic remedies, their poor suffering patients would receive the benefit.

DAVID THAYER.

AN INTERESTING CASE OF HERNIOTOMY.

[Read before the Mass. Surgical and Gynecological Society, by H. M. JERNEGAN, M. D., of Boston.]

On the 23d day of March, 1877, at 11 A. M., I was called by Dr. Thompson, of Jamaica Plain, to see with him what was supposed to be a case of strangulated inguinal hernia. The patient was a man of rather more than the average height, of powerful build, and, with the exception I am about to mention, had enjoyed perfect health. He was a native of this country, but of German parentage. His occupation was that of milk carrier. Some months previous to the difficulty which resulted in my being called, the patient had fallen from his wagon, alighting upon some portion of the vehicle, which resulted in his being considerably shaken up, but from which he seemed to recover quickly, and without any apparent lesion. Soon after this accident, he commenced to complain of cutting and cramping pains about the umbilicus. These pains invariably made their appearance upon his rising in the morning, and at no other time, and lasted from two to four hours,—the intervals between varying from two weeks to two months. The morning of the day upon which I saw the patient, he had experienced, upon rising, his old pain, which, however, was not sufficiently severe to prevent his starting upon his route.

He had not proceeded very far, when, in attempting to alight from his wagon, he made a false step, and, in endeavoring to save himself, came down with unusual force upon his feet, and with them so placed as to precipitate him violently forward with his knees upon the ground. Immediately the pains about the umbilicus so increased in severity as to necessitate his return home, upon reaching which, he summoned his physician.

Soon after his arrival, the patient discovered while passing his hand over his abdomen, that the scrotum upon the left side was enlarged, although it gave him no pain, nor was it sensitive to pressure. When I reached his bedside, I found him suffering from severe pain about the navel; the scrotum upon the side mentioned was swollen-tense,

and somewhat injected; the tumor was elastic, and fluctuation could be detected. Following the tumor upwards to the abdominal ring, it seemed to terminate quite abruptly, resembling more in appearance a hydrocele than a hernia; the ring did not seem to be open, and no impulse could be felt when the patient coughed. The diagnosis being somewhat obscure, a hypodermic syringe was introduced, and a sero-sanguineous fluid drawn away. A fine needle trochar was now introduced, and a sufficient quantity of the fluid evacuated to remove the tension, when a doughy mass could be felt beneath the fingers, filling the scrotum. It was now quite plain that we had something more than a case of hydrocele to deal with; and as the tumor had not been detected previous to this morning, and as it had probably come on suddenly, either at the time, or immediately following the injury, we felt inclined to diagnose the case as one of strangulated hernia, and ascribed the pains about the umbilicus to this cause. To relieve the supposed strangulation an operation was deemed advisable, and consequently the patient was brought rapidly under the influence of ether, by Dr. Tompkins, and assisted by Dr. Bartlett, now of Chicopee, I proceeded to make the usual incision for exposing the stricture, which I found to be seated at the internal abdominal ring, and was so narrow as to make me wonder at the amount of protruding intestines, which had escaped into the scrotum.

With some difficulty the hernia knife was introduced, and the stricture divided. The loops of intestine were now drawn further through, and the whole mass examined.

At the point of stricture, both the ascending and descending portion of the intestine was deeply grooved as if tied tightly about by a strong whip cord, which evidence of constriction undoubtedly accounted for the want of impulse on coughing.

Below the constriction the whole intestine was very much congested, and of a dark mahogany color, thereby accounting for the effusion which had distended the sack, giving to the tumor the appearance of hydrocele.

Cloths wrung from warm water were applied over the intestine which was permitted to lie for some minutes in

the canal, and as the congestion was disappearing was then returned to the abdominal cavity. Deep sutures of silver wire were now introduced and the wound united.

A compress was now applied over the wound, and hot applications ordered over the bowels. Thirty drops of laudanum were injected per rectum, and the patient left in the care of his physician, Dr. Tompkins, who conducted the case very ably until convalescence, which was reached without the appearance of any unusual symptoms.

Since the operation the patient has been entirely well, having had when last seen no return of his old pains, which would lead us to believe that they were due to an engagement of a knuckle of intestine somewhere along the inguinal canal, and which the accident, occurring upon the morning of the operation, had forced into the scrotum.

H. M. JERNEGAN.

MOIST AIR WITHOUT DECREASE IN TEMPERATURE.

BY A. L. KENNEDY, M. D., BOSTON.

RESPECTING the subject of hygiene, upon which so much has been written, one can scarcely hope to suggest any new idea; but it seems that to one or two points it would not appear wholly out of place, nor totally useless to call the attention of the profession. Much has been written, and more has been said in various ways and by numerous authors, in times long past and in times more recent, respecting the great importance of a bountiful supply of pure water, fresh air, and a proper amount of exercise as indispensable to sound health; particular emphasis being laid upon the fact that, if not in all, certainly in many of the deviations from the normal standard of health, "damp air" (with no modification) must be scrupulously avoided as being poisonous to, and consequently a deadly enemy of, all health giving properties.

Granted, all that has been intended (one need not be uncharitable) in these often able, and doubtless always well-meant, dissertations upon the laws of physical being, it would yet appear that not Darwin's theory alone con-

tains the "missing link"; but not to enter upon any extended criticism upon theories which the medical profession especially has ample opportunity to know, are vastly different from practice. The question does arise, is damp or moist air, irrespective of temperature or the source of the moisture, irrespective of the physiological or even the pathological condition of the individual, whose case is under consideration, injurious? Much has been said about the vitiated air of crowded halls, etc., and certainly too much cannot be uttered in this direction; but may there not exist—aye, does there not exist to-day in too many of the houses of New England, chiefly of the well-to-do, an atmosphere, if not equally dangerous with that contaminated by repeated respiration, yet, certainly, very mischievous in its subtle influence upon the human economy?

At the season of the year when the leaves are falling, the grass upon the lawn is becoming sere and brown, and nature everywhere betokens the near approach of winter, and when people say that "with these changes," and imply by the peculiar tone and significant nod that, even because of "these changes," the poor sufferer who through the pleasant summer months had lingered so comfortably and even hopefully, must now succumb; is it not rather because at such period in the earth's revolution we are so circumstanced as to be obliged to resort to artificial heat, which, coincident with the falling leaf, is the cause of the almost universal change in the atmosphere pervading our dwellings; not so much the temperature, for that is usually well-maintained, in too many cases far surpassing that of summer, but the degree of humidity, and consequently the decline in health of the feeble? A condition of the air to which, if one may be allowed the expression, the term anæmic might be applied, as compared with the so-called vitiated air which might be termed pyæmic or sepætmic. Who, that is at all conversant with the laws of health, has not frequently observed the excess of temperature over the normal, health-affording standard; yet without its creating that sense of warmth which one rightfully expects under those circumstances? At such

times it is not an uncommon occurrence to see persons, though experiencing the full benefit of such a temperature, actually shivering with the cold! What is the remedy? All are familiar with that usually employed, viz.: close the windows tightly, put on the "double sashes," shut the doors, and build a better fire in that furnace, till you have in your rooms an atmosphere sufficiently devoid of moisture to generate speedily, within the systems of the most robust, the premonitory symptoms of constitutional debility and premature decay. Is this not a fair illustration of the condition of things, in this respect, in the majority of the homes of our large cities of to-day, and is there not some remedy? In many of our new Colleges and Public Institutions instruments have been introduced already, for the purpose of determining the relative humidity of the atmosphere. May these instruments be multiplied, till, brought thus face to face with, we shall be led to realize, our danger, and consequently to cast about us for means to avert the otherwise inevitable evil. Notwithstanding "where ignorance is bliss 't were folly to be wise," yet, with equally good authority, we are told that "if the blind lead the blind both shall fall into the ditch;" therefore will not those who are largely responsible for the health of the community interest themselves in this matter? How shall the heated air be rendered moist and healthful?

ON THE USE OF LYCOPIN IN PALPITATION OF THE HEART.

BY DR. W. B. CHAMBERLAIN OF WORCESTER, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

CASE 1. Miss Louise Tourtelotte was born with valvular disease of the heart, and was watched with a great deal of interest by the family physician, until she was seventeen years of age. She was very nervous, and often had violent beating headaches, which lasted from one to three days. At such times she usually suffered very violent palpitation of the heart, indigestion, and constipation.

Such treatment as she had during the last eight years had been quite satisfactory to herself and family, but had

never pleased me because the relief came slowly. During my absence she was treated by my associate, Dr. Brick. He gave her Lycopin (Resinoid of the Bugle weed), two [2] grains of the 1st dec. trituration, in one-half a glass of water. Of this she took two [2] teaspoonfuls every quarter of an hour, or half an hour, according to the severity of the palpitation. Usually two or three doses quieted her, and she could sleep. Although she is not cured, and never will be, the Lycopin one-tenth has always relieved her.

I do not know but a high attenuation of the *Lycopus Virginicus* would do better.

CASE 2. A cousin of this young lady was sick with consumption, under the care of my friend, Dr. J. M. Barton of this city. His patient suffered greatly with pain in the left chest, accompanied with hemoptysis, and palpitation of a violent character. The Doctor gave her *Lycopus Virginicus* Tincture, the same as above, and relieved her pain and palpitation in half an hour. An attenuation gave just as satisfactory results whenever the pain or palpitation returned, till she died.

CASE 3. The mother of this last-mentioned young lady is now sinking with a large open cancer of the right breast. The stinging pains are readily relieved with *Apis mellifica*, 3rd cent. The feet that had been swelling and cold and numb for several weeks, attended with a hard, grasping pressure about the heart, was relieved with *Cactus grand*, 1st dil. The feet became warm and the grasping relieved, all within two hours time, after taking three doses of *Cactus* half an hour apart. But the pain in the left chest and the palpitation were not relieved by it.

I then ordered the Lycopin 1-10 in solution, every half hour. This gave relief after the first dose.

If the heart's action becomes weak and there is palpitation, a dose of Lycopin will relieve her, as before, at once.

CASE 4. John M. Knapp dropped dead in the street, last week, from disease of the heart. He had been a soldier in our army. Had rheumatism of the heart,

followed by disease of the valves. This man was under Dr. Brick's care occasionally, for the last two years. When suffering with palpitation and great difficulty of breathing, the Lycopin usually gave marked relief.

The Doctor had a patient from Maine some years since, suffering from bleeding of the lungs. Evidently it was from the valvular trouble of the heart. Lycopin removed the difficulty. The patient is now in better health than for several years previously.

NOTE.—For proving of this medicine see *Hale's New Remedies*.

OPERATIONS NEVER MADE BEFORE ON LIVING SUBJECTS.—Prof. Gerney, of Heidelberg, says *Centralbl. f. Chir.*, 28, 1877, performed last year the following new operations :

1. *Resection of the Œsophagus.* On account of a ring-like cancer, through which the œsophageal sound could not be passed, Gerney excised a piece of 6 ctm. through the whole thickness of the œsophagus and transfixed the lower end of the œsophagus to the wound in the neck. The woman was dismissed cured in a month.

2. *Extirpation of a Retroœsophageal Goitre.* For the last five years a tumor developed itself on the œsophagus behind the larynx in a woman of thirty, which necessitated tracheotomy on account of pressing dyspnœa. With the incision usual for œsophagotomy the surgeon penetrated to the tumor, wedged in between the œsophagus and vertebral column and enucleated it successfully from its capsule without injuring the œsophagus. The wound on the neck is nearly well, but the patient wears a canula yet on account of dislocation of the larynx.

3. *Enteroraphy on account of a Fæcal Fistula in the Hernial Sac.* A man æt. 47, suffered from a fæcal fistula, in a scrotal hernia on the right side. June 15th the sac was opened, the intestine adherent to it dissected with the knife, the opening closed with catgut and the intestine returned into the abdomen. The radical operation for the cure of hernia followed and the patient discharged cured in three weeks.—*Amer. Observer*, Dec. 1877.

THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, FEBRUARY, 1878.

THE *Medical Record* of December 1st, 1877, contains quite a lengthy article, read before the New York Academy of Medicine, November 1st, 1877, by Henry G. Piffard, M. D., the author of a recent work on skin diseases, considering the relative advantages and disadvantages of homœopathically prepared triturations. After consideration of the mode of preparation of the few triturations laid down in the U. S. Pharmacopœa, he cites the methods of preparing Homœopathic drugs. He then advises their use by members of his own school, since they contain doses often prescribed by them, (?) “provided they are as convenient to dispense and as uniform and certain in their effects as the preparations that we ordinarily employ. If they excel in these respects, they should certainly be brought into more general use, as it is our duty and privilege, as regular physicians, to avail ourselves of every therapeutical agent and of every pharmaceutical process that may be better than those heretofore employed.”

He has with the laudable end in view, of thus admitting a little light in a therapeutic direction, to the chaotic empiricism of his own school, carefully examined some of these Homœopathic preparations, especially those of mercury, iron, and arsenic; and his results are so interesting and gratifying that we cannot refrain from quoting at length his opinions:

“The first chosen for examination was the 1^x trituration of *mercurius vivus*, and it was compared very naturally with our own analogous preparation, the *hydrarg. c. creta*. Examined under the microscope, the mercury in the former was found to be in a state of extremely minute subdivision, the majority of the separate globules being smaller than red blood-corpuscles, and many of them so small as to be endowed with Brunonian movement.

“Five samples of the *hydrarg. c. creta*, obtained from the Broadway drug stores, were then examined. These were found to vary greatly in their gross appearances, and likewise under the microscope. In some there appeared to be a notably larger proportion of mercury than in others, and in all of them the metallic globules were very much larger in size (average) than those in the *merc. viv.*

“ Now when we administer mercury for its specific effect upon the blood or upon particular organs, the first essential is that it shall be absorbed. If the drug is in solution there is of course little difficulty about the matter, but if given in solid form, it must either be capable of solution by the fluids of the stomach, or else its particles must be sufficiently minute to permit of their direct absorption as solids.

“ The fact of the absorption of solids, at one time deemed impossible, has now been so thoroughly demonstrated, and especially as regards mercury, that we are prepared to understand how minute subdivision will facilitate absorption when larger particles would pass the bowels without effect, or simply local effects, varying with the nature of the drug employed. We should therefore expect that, a given quantity of drug being used, the promptness of its specific effects would vary inversely with the size of the particles of which it is composed. If we submit this rational conclusion to the test of clinical experience in the cases of *hydrarg. c. creta* and *mercur. viv.*, we will find it easily verifiable. The latter, given in doses containing the same amount of mercury as the former, will produce the more prompt and decided effects.

“ Turning from metallic mercury to its salts, we find an inviting field for exploration. The mercurous preparations are almost invariably given in the solid state, while the mercuric are administered both in the solid form and in solution.

“ We are all of us aware that a single grain of calomel well rubbed up with sugar, and given in, say, twenty divided but frequently repeated doses, will often produce the specific effects of the drug, while a single dose of twenty grains will frequently fail to do so. Passing calomel, then, we come to another mercurous preparation, namely the protoiodide. This salt, in its condition of ordinary medicinal purity, was found upon microscopical examination, to consist of comparatively large-sized masses composed of apparently smaller granules. Moderate pressure on the covering glass was sufficient to disintegrate these masses and to resolve them into much smaller particles, not exhibiting crystalline structure, and averaging about the size of red blood-corpuscles, or a little less. A gelatine-coated protoiodide pill was found to contain the drug in the same fine granular condition. Sugar-coated pills of French and American manufacture were also examined, and the mercury found to be in quite small particles. In all the specimens the drug was in a very minute state of subdivision, and the greater part of it doubtless capable of direct absorption without

previous solution. This is of importance when we consider that this salt is but sparingly soluble.

“The first decimal (1^x) milk-sugar trituration of the protoiodide was next examined. In this the salt appeared to the naked eye to be uniformly distributed through the powder, and upon microscopical examination was found to consist of extremely minute particles, of decidedly smaller size than the previously examined specimen. It is to be expected, therefore, that the protoiodide trituration will prove, *ceteris paribus*, more active than the pill, and such we have found it.

“Turning now to mercuric preparations, we find the bichloride and biniodide most in use. For obvious reasons, triturations of the former were not examined microscopically. Gelatine and sugar-coated pills of the biniodide, however, were carefully investigated. In the gelatine-coated pills we found the salt displayed in beautifully perfect crystals of varying size. In the sugar-coated preparations the drug was in small granular masses, held together by some not very soluble substance. In the first centesimal (1^c) trituration the biniodide was apparently well distributed through the powder, and upon examination was found in particles of very much smaller average size than any of the other preparations. The biniodide of mercury is exceedingly insoluble, and there can be no question but that its absorption is therefore very much facilitated by minute subdivision. It is moreover a powerful irritant, and one would naturally expect that particles too large for direct absorption, or slow of solution, would be apt to produce more or less gastric distress before they are finally disposed of. That the iodides of mercury frequently produce gastralgia and diarrhoea is well known, and personally we believe that this is due to the local irritation produced by them, and not to any elective action of the drug. Since we have used the triturations, however, in preference to the ordinary pills, patients more rarely complain of disagreeable sensations. We have further been enabled to materially reduce the dose, in order to obtain the desired effect. In other words, a larger proportion of the drug is utilized for specific purposes, while but a small amount remains to give rise to local irritation.”

Several others beside those quoted above have been examined and found superior to the very preparations of his own school. The author also strongly recommends the use of similar preparations of many of the active principles, not only on account of their reliability, but “the greater facility of accurate dosage.”

The article concludes thus :

“In conclusion, while willing to give due credit to the homœopaths

for their development (though not for the invention) of this class of pharmaceutical preparations, we see no reason why they should any longer enjoy the monopoly of their use."

It is indeed refreshing to occasionally find one of the opposite school who has manliness enough, when he has found something of value, to proclaim it even if opposed to time-honored custom, out of the ordinary allopathic rut, and branded with the to them odious epithet, homœopathic.

Dr. Piffard has no doubt rendered a great benefit to his brother practitioners by his investigations, that is, he has opened his eyes and discovered (?) a truth that has existed at least three-quarters of a century, viz. : that homœopathically prepared medicines are more reliable, more convenient, and more easy of administration than the nauseous compounds of his own school. It is to be regretted that he does not open his eyes to another truth, equally old, and of vastly more importance and value, viz. : that medicines homœopathically *prescribed*, as well as prepared, *cure* more certainly, safely, and easily ; but such a progressive stride is more than the average Allopathic mind of to-day can safely comprehend.

THE January number of *Cincinnati Advance* contains a very interesting letter from Madam Hahnemann, to the purport that she has in her possession very many valuable unpublished papers of her late husband. She thinks it for the advancement of the medical world that they should be presented to the profession, and asks that steps be taken to secure that end. Her own proposition is to publish them herself, provided sufficient subscriptions, payable in advance, be raised to support her during the time occupied in arranging, selecting, and preparing such papers for the press.

That much of value must necessarily be contained in any production from the pen of Hahnemann ; that such as is of value should be presented to the medical fraternity there can be no doubt ; and any effort directed to that end would receive our hearty approval and earnest support, as it should that of every true physician. But the method proposed by Madam H. in her letter, appears to us open to objection. In the present state of financial depression in this country, in which our profession certainly suffers equally with other departments of business, we deem it impracticable that *advanced* subscriptions, suffi-

cient to assure the desired results, be pledged. Again, recognizing the fact that no single person could be better adapted to the performance of this work than Madam H., we doubt if the presentation to the profession of the posthumous papers of such value should be entrusted to any *one* physician. The mass of written matter now being presented to the profession is so enormous, that the utmost discrimination and care should be exercised in the publication of new matter; therefore it suggests itself as a better plan that the publication of these papers should be undertaken by some body of men, such as the Hahnemann Publication Society of England, the N. A. Institute, or British Society of Homœopathy, rather than by a single individual.

Unfortunately we cannot count ourselves as belonging to that faithful few who, under the chieftainship of Dr. Ad. Lippe, believe that everything that fell from the lips of the illustrious founder of our school was, and is, infallible. That the discovery of the law of similars was the greatest stride of progress yet made in therapeutics, we grant. That it is the truest and most scientific guide in the cure of the sick we are ready to maintain by the exercise of our best endeavor and strength; but that many of the points in its application connected with but subject to that law, but which by certain, no doubt well-meaning but fanatical and bigoted, supporters, are made equal, or even paramount, to the law itself, are infallible and not to be modified by experience and progress, we do not believe. The law itself cannot be changed. It is a scientific, logical induction; and new facts and discoveries in therapeutics, as they appear, are found subject to that law, as new facts in Optics and Astronomy are seen to be subject to the existing laws of those sciences. But the application of that law, and its relations to individual instances, are as varied as the cases to which it may be applied; and subject to continual modification and change as new light in departments of medicine, other than therapeutics, appears.

Exact and precise rules, then, as to the *manner* in which this great principle should be applied, are in the very nature of the case impossible; and the time and brain power consumed in support of such chimeras are more than wasted, and flavors of the childishness which condemns its play-fellow's doll, because, in its infantile opinion, it does not squeak quite so loud, nor quite so long, as its own.

In this unpublished correspondence there may be points which, in the light of present science, are not of special value, and, therefore, it is, we think, that before publication, it should be subjected to the criticism of the best minds of our school to-day.

WE understand, on good authority, that a certain physician in this vicinity, claiming to be a "specialist," is "doing a good business" with the following recipe for haemorrhoids, the secret of which was purchased from a Western Physician. Recipe.—Equal parts Glycerine and Carbolic Acid injected into the tumors, (10 or 15 minims), to be repeated at intervals of from three to ten days, at discretion of operator, until cure is complete, generally from four to six weeks.

WE wish to call attention to the fact that the examinations for the position of interne, in the Ward's Island Homœopathic Hospital, will take place early in March. There are seven vacancies to be filled. Applications should be sent, at once, to Chas. A. Bacon, M. D., 35th Street, near Park Ave., New York. The appointments are for one year, from April 1st, 1878. All internes must agree to stay that length of time.

SOCIETIES AND INSTITUTIONS.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

[Reported by the Secretary.]

THE Twenty-eight Anniversary of this Society was observed at the City Hotel, in Providence, on Friday, January 18, at 7, P. M. The President being absent, Dr. Gottschalck presided over the exercises of the evening. Dr. E. D. L. Parker, of Pawtucket, was admitted to membership; also Dr. George W. Stearns, of Providence, but only after satisfactory explanations and assurances relative to an advertisement, which appeared twice or thrice in the daily papers, upon removal to the city. The name of George H. Ames, Dental-Surgeon, was presented by the Vice-President.

Dr. Gottschalck presented the report of the Committee on the Dispensary. The arrangement entered upon, two years since, the assignment of an hour each week to the requisite number of physicians, has fully established itself through success. During the present year, between the hours of 11 and 1, on Mondays, Geo. D. Wilcox and Charles Hayes will attend; Tuesdays, Robt. Hall and J. Laing Clarke; Wednesdays, Geo. B. Peck, Jr. and C. L. Green; Thursdays, Ira Barrows and Geo. L. Barnes; Fridays, I. W. Sawin and E. B.

Knight; Saturdays, Wm. von Gottschalck and Fred. W. Bradbury; also Saturdays from 10 to 11, for surgical diseases exclusively, Drs. Hayes and Green; and Mondays, from 9 to 10, for cases in dental-surgery, Dr. Geo. H. Ames. Drs. Bradbury and Peck will continue to respond to calls from the west and east sides respectively. Great improvement has been made as regards location and quarters, by removing to the rear of Otis Clapp & Son's Branch Pharmacy, 270 Westminster Street, (Music Hall Building). The profession is congratulated upon the acquisition of a pharmacy under such excellent and responsible management. During the past year 1,540 patients visited the Dispensary, to whom 2,931 prescriptions were given. Of these 819 were native Americans, 176 English and 29 Scotch. During the preceding year 1,497 prescriptions were given to 680 persons. The dental department is a new feature, and only 54 availed themselves thereof. The out-patient department is also new, but 1,719 visits were made to 210 patients, the physician for the west side receiving precisely double the applications of the one for the east. The total number for the year is then 1,804 patients.

Upon motion, Dr. Budlong was authorized to cast a ballot for the society, and thereby its officers were re-elected, to wit: James L. Wheaton of Pawtucket, President; Wm. von Gottschalck, Vice-President; George B. Peck, Jr., Secretary; George D. Wilcox, Treasurer; T. H. Mann of Woonsocket, Fred. W. Bradbury and E. B. Knight, Censors.

Dr Knight called attention to the note on page 33 of the current volume of the New England Medical Gazette, and moved that it be approved as the opinion of this society. The motion prevailed without dissenting voice.

Dr. Ira Barrows, agreeably to appointment, read an essay on Fevers, giving the results of his own observations on Typhus, Typhoid, Scarlatina, Variola and Diphtheria.

Dr. Mann selected as his theme "The Relation of Eczema to Rheumatism," and illustrated and enforced the positions assumed by cases from practice.

Dr. de Gersdorff, sympathized with the troubles of Dr. Barrows regarding nomenclature, especially in the matter of typhus and typhoid fevers. Since becoming a teacher he had particularly realized them, finding it difficult to enable the students to discriminate without, at the same time, making too much distinction. He also was of the opinion that the main symptoms should give a disease its name, and that enteric fever, with brain symptoms, should be designated by a

term indicating such complications. He approved the comparison of the stage of incubation of diphtheria with small pox. It is an absurd idea that this disease may be cured by attending to the deposit. He had found two kinds ; one arising from contact with diseased persons, having superficial symptoms and yielding to local treatment ; the other, an effect of zymotic poison, having its distinct stage of incubation, and remaining unmoved by topical applications.

Dr. Stearns had observed an intimate relation existing between eczema, rheumatism and the kidneys. He thought that frequently the materies morbi which produced the former disease when tending towards the surface, remaining inward, so affected the urinary functions that certain elements are not eliminated, but, in due season, deposited, occasioning the latter disease. He desired information regarding the matter.

Dr. Wilcox presented reports of two cases ; one of hydronephrosis, the other of pyelitis.

Dr. Gottschalck presented a brief disquisition on color-blindness.

Drs. I. W. Sawin and E. B. Knight were appointed essayists for the next meeting.

Dr. Darwin E. Jones of Albany, and Profs. de Gersdoff and Conrad Wesselhoeft of Boston, were introduced as accredited Delegates from their respective State Societies.

The hour of ten having come, the society, with its guests, repaired to the dining-hall. Rev. Dr. Behrends sought the divine blessing, after which the wants of the outer man were fully satisfied. In due season the Vice-President introduced the Secretary as Toastmaster, who, with such comments as seemed necessary, proposed the following sentiments :—

The State of Rhode Island : Its Chief Executive, a worthy exponent of its oratory, poetry and jurisprudence.

Responded to by His Excellency Charles C. Van Zandt, of Newport, who considered this rather an unhomœopathic dose ; but proved, ere he closed, that it was none too large.

The Mayor of Providence ; He found his charge a rustic village, he will leave it a metropolis.

In the absence of Hon. Thomas A. Doyle, who has been chosen to the chief magistracy of his native city *thirteen* times, the City Solicitor, Hon. Nicholas Van Slyck, reviewed the administration of His Honor, and eulogized the medical profession.

The Clergy : Physicians to the soul.

Rev. Dr. A. J. F. Behrends delivered an impressive address, setting

forth the idea that it is not the profession that makes a man sacred, but the man that makes his profession sacred.

The German Universities : The fountain head of mental and physical science.

Dr. de Gersdorff ascribed the success of the German University to its absolute liberty of scholarship.

The Boston University School of Medicine : The youngest and fairest of the sisterhood.

Prof. Conrad Wesselhœft appropriately replied.

The New York Homœopathic Medical Society : Its influence, like its home, is imperial.

Response by Dr. Jones.

State Secretaries : Renowned as statesmen and scholars, to their list we add a man.

Hon. Joshua M. Addeman, Secretary of State, remarked that he did not know anything about the first half of that toast, but he knew the last part was not original, for he had heard it on more than one occasion, and expected its repetition many times in the future.

Rhode Island's Adjutant General : He takes lead pills for his country, sugar pills for himself.

Gen. Heber Lefavour, a battle-scarred veteran of the Potomac and Cumberland, was cordially greeted.

The military Leader : Surgeon to bodies-politic.

General Frederic Miller, of the Second Brigade D. R. I. M., doubted if he should ever be called on to remedy differences between rival schools of medicine. He employed representatives of the old and the new systems, according to the case.

Adjourned at 1.15, A. M., 19th inst.

*HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF
NEW YORK.*

NEW YORK, December 12, 1877.

THE regular monthly meeting of the Homœopathic Medical Society of the County of New York was held at the Ophthalmic Hospital, this evening, President Thorp in the chair. The minutes of the preceding meeting were read and approved. The Secretary's report showed the society in a flourishing condition, numbering nearly 175 members. There have been held during the year ten regular and two special meetings. The largest number in attendance at any one meeting was 72, the smallest 27, against the largest in 1876 being 50, 50 in 1875, 38

in 1874, 34 in 1873, 13 in 1872, 19 in 1871, 17 in 1870. The number of papers presented during the year was twenty-two, together with numerous pathological specimens and clinical cases. The smallest number of papers presented at any meeting was one, largest five. The number of members of bureaus responding with a report was 17, the number that did not 41. The Treasurer's report, read by the Secretary, showed the treasury in a flourishing condition. Balance on hand \$333.19. The order of business of the evening being the Election of Officers, the following was announced as the result of the ballot, Drs. W. H. White, French, Currier, and Demarest acting as tellers. Officers elected for the ensuing year: President, Alfred K. Hills, M. D.; Vice-President, Charles E. Blumenthal, M. D.; Treasurer, E. Carlton, Jr., M. D.; Secretary, Arthur F. Hills, M. D.; Censors, J. Ralsey White, M. D., Samuel Swan, M. D., Joseph French, M. D., Wm. M. Pratt, M. D., L. F. Warner, M. D.; Librarian, Alfred Wanstall, M. D. Adjourned. ARTHUR F. HILLS, M. D., *Sec'y.*

THE next session of the Western Academy of Homœopathy will be held at Cincinnati, Ohio, about the middle of May. The exact date, with full particulars, will be given in a circular from the general secretary as soon as possible. Arrangements are fully under way for a grand time and the largest meeting ever held. All members of bureaux should send to their chairman at once the title of their paper to be read. Volunteer papers on any subject from members of the Academy, or those who are not, will be acceptable and should be sent to the general secretary. Information as to rates of transportation will be given in circular. Correspondence on this subject should be addressed to T. P. Wilson, M. D., chairman committee of arrangements, Cincinnati, Ohio. Applications for membership may be sent direct to M. M. Eaton, M. D., chairman board of censors, Cincinnati, O. Blank forms may be had on application. All correspondence on other subjects should be addressed to C. H. Vilas, M. D., general secretary, 56 East Washington Street, Chicago, Ills. Approved: R. H. McFarland, M. D., president.

THE Semi-Annual Meeting of the Vermont State Homœopathic Medical Society took place at St. Albans, Jan. 17th. S. Worcester, M. D., President in the chair. Papers were presented by Dr. A. A. Arthur, of Vergennes, on Eucalyptus in Diphtheria. Dr. J. H. Jones, of Bradford, on Malarial Diseases and Drainage. Dr. C. Woodward, on Sulpho Carbolate of Soda. The Annual Meeting takes place in July, at Montpelier.

HOMŒOPATHIC MEDICAL DISPENSARY, BOSTON.

REPORT OF PATIENTS TREATED DURING THE YEAR 1877.

	New Patients.	Prescriptions.
General Dispensary, 14 Burroughs Place,	1465	8844
Out patients,	175	587
West End Branch, 28 Causeway Street,	1106	2776
Out patients,	300	951
College Branch, East Concord Street,		
Medical Department,	4286	10886
Surgical "	112	235
Eye and Ear "	475	1446
Heart and Lungs Department,	283	1027
Women's Department,	228	729
Dental "	538	538
Out patients,	1032	4349
Throat Department, (open six weeks)	11	26
Total,	10,011	27,394

H. C. CLAPP, M. D., *Supt.*

At the Annual Meeting of the Dispensary, held Wednesday, January 9th, the following officers were elected for the ensuing year :

President—Hon. Otis Clapp, 3 Beacon Street.

Vice-President—Hon. Charles B. Hall, 61 State Street.

Treasurer—Henry C. Angell, M. D., 16 Beacon Street.

Secretary—I. T. Talbot, M. D., 66 Marlborough Street.

Trustees—Hon. Jacob Sleeper, 14 Ashburton Place ; George Russell, M. D., 14 Lynde Street ; S. Whitney, M. D., Mass. Hom. Hospital ; S. Jennison, Esq., 186 Washington Street ; Chester Guild, 51 High Street ; Columbus T. Taylor, 54 Chatham Street ; Alonzo Boothby, M. D., 60 Temple Street ; Herbert C. Clapp, M. D., 544 Tremont Street.

Executive Committee—Messrs. Guild, Jennison, and Whitney.

Superintendent—H. C. Clapp, M. D.

Pharmacist—S. Whitney, M. D.

Members of the Corporation—Chas. B. Hall, Jacob Sleeper, I. T. Talbot, W. P. Pierce, R. W. Burke, Alexander Strong, E. P. Moseley, Mrs. J. H. Sayles, Mrs. A. G. Alvord, Mrs. Adams, S. Whitney, *Otis Clapp, *H. C. Angell, *George Russell, *Chester Guild, *S. Jennison, *Columbus T. Tyler, *Alonzo Boothby, *H. C. Clapp.

N. B.—Any person may become a member of the corporation by paying to the treasurer fifty dollars for the permanent fund.

* Members *ex-officio* and only during term of office.

CORRESPONDENCE.

Boston, Jan. 21st, 1878.

MESSRS. EDITORS:—Sunday, January 5th, 1873, was one of the most slippery days, especially in the afternoon and evening, I have ever experienced.

Miss K——, a poor seamstress, but full of religious ardor, ventured out to attend the afternoon services in Dr. Adams' Church. When she arrived within sight of the church she slipped and fell.

The gentleman, before whose house this happened, kindly assisted her to rise, and sent her home in a carriage, promising to send his physician to attend her. After waiting a reasonable time, and no physician making his appearance, she sent out for one.

The first doctor on whom the messenger called, refused to go, the second consented.

After having examined the patient, he gave it as his opinion that no bones were broken or joints dislocated, but said she had received a shock, for which he prescribed a pill of morphia, and promised to call again in the morning.

The pill, however, did not remove the "shock," nor did it quiet the patient; on the contrary, she suffered intense pain, and grew more and more restless. She continued in this distressed condition until nine o'clock, when she sent for me.

On examination I found a dislocation of the left hip joint. The knee and foot were turned outwards, the left limb one inch shorter than the other, and a protuberance on the pubes which was easily recognized as the head of the femur; consequently it was a dislocation which is most easy of detection.

Reduction was accomplished by flexion, and by lifting the bone over the pubes and edge of the acetabulum. The limbs were kept parallel by a bandage embracing both, and Arnica was given internally.

I saw the patient at intervals during three weeks, at which time she was able to go about her room on crutches, and finally made a good recovery.

The pill-doctor called the next day, but was told at the door that another physician had been sent for, and that his services were not required.

I have understood since that the same doctor had served one year as House-Surgeon in the Mass. General Hospital.

Yours truly,
F. H. KREBS.

OBITUARY.

DIED, in New York, on Tuesday, January 22, 1878, Harriet E. K. Dunham, wife of the late Carroll Dunham, M. D. Thus, has gone to quiet rest, the great, noble heart, which found its fit associate in that of our tenderly loved and deeply respected colleague and friend. As their lives had been closely assimilated, so their last sickness and deaths were not unlike. Both died of Bright's disease, and in both the heart had been similarly affected. May their union, which had been so happy here, reach a higher state of perfection in the spirit world.

ITEMS AND EXTRACTS.

ANIMAL BROTH AS AN ALIMENT IN DISEASE, WITH A SERIES OF ANALYSES.—An important paper with this heading appears from the pen of Dr. J. Horton. He remarks that it is probable no one article of diet has been more relied upon in the past, in cases of great extremity, than animal broth. Within the last few years the demand for it has been so great that large manufactories have been established in various places. One situated on the Uruguay river, South America, used, in the production of this article, during eight months of the year 1873, the flesh of 122,075 cattle of the value of £410,000. The extract of meat derived from this enormous quantity was 570,000 pounds. When one contemplates this immense production, and remembers that it is only one of the several manufactories in the world, and that the product of them all combined does not contain a single pound of what is strictly termed food, we can only wonder that this great waste of time, money, and materials still continues.

Were we called upon to assign to animal broths their proper position among the agents we give to sustain a patient where the danger of dissolution lay in asthenia, we would say: first, alcohol; secondly, organic salts; lastly, tea and coffee—for no doubt the physiological action of animal broths is due to the organic alkaloids and acids which they contain, (lactic acid, inosinic acid, creatine, creatinine, inosite, etc.,) and as their effects on the system are very similar to those of the active principles of tea and coffee, (theine and caffeine,)

from which they differ mainly in strength, it must be concluded that animal broths, beef-tea, and extract of meat are more of a "vital restorative than a nutritious food." Prof. Liebig classes beef-tea and coffee under the head of "nervous food," as they are themselves incapable of supporting nutrition and maintaining life, while they have temporarily sustaining properties greater than tea and coffee, yet less than alcohol.

The saline-mineral constituents of beef-tea are the acid phosphate of potassa, phosphates of magnesia, lime, and soda, chloride of potassium, and a small quantity of chloride of sodium. They do not participate in the chemical changes going on in the body, but serve by their presence to enable those changes to go on which are necessary for the process of nutrition.

From the present state of our knowledge upon this subject the physician should not direct beef-tea to be given in quantities greatly above what is necessary for nutrition and for exciting the gastric glands to action, just as in health we take a small amount of soup at the beginning of a meal to excite secretion and stimulate digestion.

Dr. Horton gives the result of a series of carefully-conducted experiments in the manufacture of tea from beef and other kinds of flesh, for the purpose of showing the exact amount obtained in each of the various methods pursued, which were the same that would be adopted in any ordinarily well-regulated household. The following are some of the most important and suggestive :

No. I.

Beef, finely divided.....7,000 grains.

Water.....Oj.

Macerated eight hours, and boiled fifteen minutes.

Fibrine, &c.....4,228 grains.

Water.....2,398 "

Extractive matter..... 374 "

If macerated for sixteen hours, no material difference is observed in the quantity extracted.

No. VII.

Beef, finely divided.....7,000 grains.

Water.....Oj.

Macerated eight hours, and expressed cold.

Fibrine, &c.....4,890 grains.

Water.....1,610 "

Extractive matter..... 500 "

No. VIII.

Beef, finely divided.....7,000 grains.

Soda, bicarbonate of.....3j.

Water.....	Oj.
Macerated eight hours, and boiled fifteen minutes.	
Fibrine, &c.....	5,208 grains.
Water.....	1,352 "
Extractive matter.....	440 "

No. IX.

Beef, finely divided.....	7,000 grains.
Pepsine	3j.
Water.....	Oj.
Macerated eight hours, and boiled fifteen minutes.	
Fibrine, &c.....	4,368 grains.
Water.....	1,872 "
Extractive matter.....	760 "

No. X.

Beef, finely divided.....	7,000 grains.
Hydrochloric acid, C. P	3j.
Water.....	Oj.
Macerated eight hours, and boiled fifteen minutes.	
Fibrine, &c.....	4,848 grains.
Water.....	1,837 "
Extractive matter.....	815 "

No. XIII.

Beef, finely divided.....	7,000 grains.
Pepsine	3j.
Hydrochloric acid.....	ā ā 3j.
Water.....	Oj.
Shaken thirty minutes, and boiled fifteen minutes.	
Fibrine, &c.....	4,321 grains.
Water.....	1,799 "
Extractive matter.....	880 "

No. XVIII.

Veal, finely divided.....	7,000 grains.
Water.....	Oj.
Macerated eight hours, and boiled fifteen minutes.	
Fibrine, &c.....	5,061 grains.
Water.....	2,729 "
Extractive matter.....	210 "

No. XX.

Mutton, finely divided.....	7,000 grains.
Water.....	Oj.
Macerated eight hours, and boiled fifteen minutes.	
Fibrine, &c.....	4,049 grains.
Water.....	2,651 "
Extractive matter.....	300 "

No. XXI.

Chicken, finely divided.....	7,000 grains.
Water.....	Oj.
Macerated eight hours, and boiled fifteen minutes.	

Fibrine, &c.....	4,260 grains.
Water.....	2,269 "
Extractive matter.....	480 "

No. XXII.

Chicken, finely divided.....	7,000 grains.
Water.....	Oj.

Macerated eight hours, and expressed without cooking.

Fibrine, &c.....	4,940 grains.
Water.....	1,100 "
Extractive matter.....	960 "

It will be seen by reference to experiment No. 7 that the material, when expressed without cooking, contained a much greater amount of solid matter, of which a large proportion might be classed as food. In this uncooked condition it would be very difficult to induce a patient to take it. If chicken is used instead of beef, it may be slowly added to boiling farina made with milk, briskly stirring all the while to prevent coagulation. In the preparation of this compound it is necessary to leave out seasoning of the tea, and to make calculations for the additional amount of fluid added to the farina, so that it will be of the proper consistence when cool enough to be taken. Where chicken is used, Dr. Horton has seen the tea from one pound of lean meat added to a bowl of farina without discoloring or changing its taste sufficiently to be discovered by the patient.

A careful reader of the above experiments will notice that half a pint of water to one pound of meat furnishes as much extractive matter as any greater amount; that long boiling does not increase the strength; that from four to six hours' maceration is desirable where time will allow; that being shaken thirty minutes equals eight hours' maceration, which is quite an object where time is valuable.

Where we wish to get some food from the meat, pepsine and hydrochloric acid are important additions, or, where both are not at hand, either may be advantageously used alone.

The insoluble fibrinous matter may be carefully dried and powdered in a mortar, and then mixed with the tea; in this way we get the nutritious matter of the meat in a finely divided state, and it will be easily digested. Where the tea is prepared daily, it is more convenient to use one day's meat for the next day's tea; by this means it has time to dry and is more easily pulverized.

When hydrochloric acid is used alone in the preparation of beef-tea, and the tea is too acid for the patient, it may be neutralized by the addition of sodic carbonate, thus converting it into sodium chloride.—*New York Med. Journal*, Feb., 1877.

NITRATE OF PILOCARPIA. (By MM. Chapelle and Droullon, in *L'Année Médicale*. Translated for the Druggist and Chemist.)—The physiological action of the infusion of Jaborandi is so powerful and clearly defined that it is astonishing how little its therapeutic value has been turned to account. Nevertheless, it must be admitted that the study of this energetic agent presents serious difficulties, from the fact that its leaves are often adulterated, besides being frequently ill preserved as found in the markets.

In the present article we will confine ourselves to the physiological effects produced by the absorption of the alkaloid, and later refer to the conditions in which the practitioner should avail himself of this most powerful modifier of the salivary and cutaneous secretions.

Our experiments were made at the Hotel Dieu de Caen; we used the *nitrate of pilocarpia* hypodermically, the dose being from two to two and a half centigrammes (3-10 to 3-8 grs.),—this salt is very soluble, and is therefore readily adapted for this form of medication.

The observations were made upon six patients, five of whom had some slight surgical trouble, and the sixth, a young man, suffered from phthisis pulmonalis; the following are the phenomena which we observed: one or two minutes, at most, after the injection, the patient felt flushes of heat and a smarting sensation in the lumbar region; his countenance colored and his eyes were injected; a moment later an abnormal secretion of saliva filled his mouth and caused him to spit for eight or ten seconds. The saliva is clear, watery and usually tasteless; sometimes, however, it is mixed with an abundant expectoration.

At the end of three minutes, small drops of sweat appeared upon the alæ of the nose; the brow presented nearly the same phenomenon; finally diaphoresis became general and was sufficient to soil the mattress.

The thermometer, placed in the axilla, showed no elevation of temperature, 37° to $37\frac{1}{2}^{\circ}$ ($98\ 3\text{-}5^{\circ}$ to 99° —Fahrenheit). The pulse, on the contrary, was unsteady; in the space of ten minutes it rose to 140, only to fall in a quarter of an hour later to 75—generally, it varied from 95 to 110.

In one case the heart palpitated forcibly, yet no murmur was heard.

Respiration was normal.

About ten minutes after the injection, three of the patients felt a desire to urinate; in each case the urine was diminished in amount, and the act of micturition caused a burning sensation in the urethral canal.

In every case vision was more or less disturbed ; lachrymation was produced and sight was less distinct ; objects appeared as though enveloped in a light veil.

As respects hearing, there was a sensation of buzzing and ringing in the ears, with beginning deafness. The digestive apparatus, with its attachments, also showed signs of disturbance ; the tongue was slightly swollen and become painful at its base ; there were nausea and vomiting, yet the latter was not abundant.

Thirty-five minutes after the appearance of the first phenomenon, the countenance was less flushed, the skin became cool, the extremities were cold, the limbs itched and the pulse was weak.

The patients were scarcely able to walk ; they staggered and would have fallen, had they not supported themselves. The most feeble were completely exhausted, and, showing signs of stupor, they rested with their heads inclined over a basin receiving the saliva which, without effort, flowed from their mouths in abundance. Such are the curious effects which appeared in the first forty-five minutes, then little by little the secretion of saliva decreased, the perspiration become less copious, there was less feeling of malaise, and finally, at the end of an hour or two, everything had ceased.

The mean quantity of saliva secreted by each patient was 500 grammes (16 ounces), but in one case it even amounted to 900 grammes ; the perspiration was sufficient to saturate both mattress and covers.

The following fact is rather peculiar : a woman received an injection of 0.025 milligramme (2-5 gr. nearly) of *nitrate of pilocarpia* in the arm ; the above symptoms all appeared and passed away, but in the evening she had a second attack of sweating and salivation as abundant as the first. A soldier presented the same peculiarity, yet more strikingly, for in his case did the attack not only re-appear in the evening, but also on the following morning, at an hour corresponding with the time of the injection of the day previous.

Such, then, are the physiological phenomena which we witnessed, and one can readily understand from the rapidity and certainty of action of this alkaloid, what position it will command in future therapeutics.—*Phil. Druggist and Chemist*.

PILOCARPIN MURIATICUM is the active principle of *jaborandi*, a drug which has been the subject of some investigation during the last two or three years. Dr. Curschmann, the Director of the Berlin City Tent Hospital, has recently instituted some inquiries respecting it,

and communicated the results to the Berlin Medical Society in a paper which subsequently appeared in the *Wochenschrift* for June 18. From an abstract of this essay in the *Medical Times and Gazette* we make the following extracts. Dr. Curschmann's conclusions are, we must premise, based upon ninety experiments on fifty-five adults, part of whom were ill, and part convalescent or in health. He employed a 2 per cent. solution, using it hypodermically, injecting from one to one-and-a-half gramme, and therefore 0.02 to 0.03 of the *pilocarpin*.

“The general effects which ensue correspond pretty exactly with those caused by the *jaborandi*; but they are produced more rapidly and more certainly, and are more durable. The first sign, observed in almost every case in the course of, or at the end of, the first minute, is turgescence and redness of the face, that soon spreads to the neck and chest—the carotids and temporals pulsating forcibly, and the latter appearing in many cases dilated and strongly prominent. Within from three to six minutes the increased secretions of saliva and sweat appear, the latter in almost all cases continuing longer than the former, sometimes for one or more hours longer. In all the ninety cases sweating was induced. The sweating begins on the face, and soon invades the chest and abdomen, whence it proceeds gradually, if sufficient *pilocarpin* has been injected, to the lower extremities. After a small dose, or when the patient is little sensitive to its action, the legs, or even the thighs, may remain quite dry, or only moderately damp. In several highly sensitive persons the highest point of its action was denoted by slight chills, and in two by decided shivering. In about half the cases there was more or less considerable increase of the lachrymal secretion, which, however, never was distressing. The contemporary discharge from the nose seemed dependent on this, for no independent secretion from the nose was observed, nor any from the remainder of the mucus membrane of the air-passages. In the great majority the pulse rose at the beginning of the action of the *pilocarpin* five or six beats, and in a few cases twenty beats; but within the first half-hour it had usually resumed its normal condition. In a few instances its character remained unaltered, but in most there were dilatation and diminution of the tension of the arterial tube. No increase in the frequency of respiration was observed in either patients or healthy persons. A few cases in which the temperature was taken exhibited the same results as those obtained by Riegel and Bardenhewer—viz., that at the height of the influence of the drug the temperature sank half a degree.

“Dr. Curschmann furnishes several details of the quantity of saliva

discharged, which is shown to be dependent on the amount of the dose given. Some persons, however, are extremely sensitive to the action of pilocarpin. Thus, a strong, healthy man who came into the hospital for some trifling external ailment, discharged in the course of two hours and a half 280 cubic centimetres of saliva after a single injection of 0.01 of pilocarpin. Sweating, which under jaborandi is not a constant occurrence, has always been produced abundantly by pilocarpin. In some very susceptible persons profuse sweating has been produced even by 0.01, and only one person remained exempt from it when the dose of 0.02 was employed, and he sweated abundantly on the dose being increased. The employment of 0.03 produced greater and more durable sweating than was required, and might be disadvantageous to feeble persons. The sweating under the full action of the remedy continues from one hour and a half to two hours, in many cases only an hour; and it is as profuse as from a vapor-bath, wetting through all the body and bed-linen. In ten cases the person was weighed, in order to ascertain the amount lost by sweating, all food and drink being in the meantime abstained from. After abstracting the weight of the urine and saliva discharged, that of the sweat was found to reach one or two kilogrammes, or even two and a quarter—showing that sweating is a most powerful factor in the action of pilocarpin, and not as has sometimes been considered with reference to jaborandi, an uncertain appendix to its sialagogue action. The pilocarpin does not seem to exert any direct influence on the secretion of urine, for although during the sweating and salivation its quantity is of course proportionately decreased, it is free from abnormal constituents. In thirty of the cases the condition of the pupil was carefully observed, and no decided influence was produced by the subcutaneous injections. But when a few drops of a 2 per cent. or stronger solution were brought in direct contact with the conjunctiva, decided contraction was induced in from five to ten minutes, which persisted for hours, and traces of which were even observable next day.”—*Hom. Review.*

CARBOLATED CAMPHOR AND ITS USE AS A SURGICAL DRESSING.—Dr. Soulez of Romorantin recommends this substance very highly. He prepares it by mixing one gramme of carbolic acid (solution of nine grammes acid to one gramme alcohol) with two-and-a-half grammes of powdered camphor. The product is an oleaginous pale-yellow liquid with a feeble odor of camphor and no odor of carbolic acid at all. It does not mix with water or glycerine, but does

mix with olive and almond oils. The infusion of saponaria (100 grammes of the leaves of soapwort to 1,000 grammes of water) emulsifies it, as does also the alcoholic tincture *Quillaria saponaria* (alcohol at 90°, one litre; Panama bark, 250 grammes). When mixed with an equal part of the carbolated camphor, this tincture produces a mother emulsion, which, when diluted with water, is used to prepare the antiseptic wadding. In dressing a wound Dr. Soulez covers it first with a square of wadding which is impregnated with a mixture of carbolated camphor and olive-oil. This must be large enough to extend two-and-a-half to three inches beyond the wound. This is then covered with six other layers of wadding impregnated with the emulsion above mentioned. Each layer should be one inch wider than the one below it. A thin envelope of caoutchouc is then applied to prevent evaporation, and over this a layer of dry wadding, and the whole is then secured by a bandage. The author claims that this dressing is very easy of application; all the materials can be prepared beforehand, and kept in well-covered jars. Before applying it the wound should always be washed with the emulsion of carbolated camphor. The dressing possesses all the advantages and none of the inconveniences of Lister's method. When applied to a stump, for instance, it keeps it enveloped in a warm atmosphere saturated with vapor of water, which lessens the exciting effects of the oxygen of the air, and is protected by the numerous layers of soft wadding, which keep out the infecting germs. Dr. Soulez renews the dressing usually every six days, but sometimes leaves it on for ten days. So far he has never known the carbolated camphor to cause the least irritation of the skin or the wound. When the caoutchouc is removed all the layers of wadding are found to be as moist as when first applied. He claims to have obtained the following advantages from the use of his dressing:—1. Lessening of the reaction after major operations. 2. Cessation or diminution of the pain. 3. Diminution of the supuration.—*La Tribune Medicale*, Dec. 24, 1876, and *Med. Record*, March, 1877.

ON FEEDING BY THE RECTUM.—Dr. G. Kauffmann observes that since the discovery of Kussmaul's stomach-pump, and the application of Leibe's meat pancreas clysters, the therapeutics of gastric and intestinal affections has entered upon a new stage. Not that the employment of nutrient injections was not an ancient method of treatment, and many persons suffering from stenosis of the digestive tract have been treated by means of enemata of broth, eggs, and

wine, but scarcely in any instance has such a method, where there was true occlusion of the alimentary canal, been productive of permanent benefit or life being long preserved. Nutrient enemata were a last refuge, and being quite fluid often either excited active peristalsis or were soon discharged. Of very great importance in the inquiry, as to how life might be prolonged by injections, was the determination of the functions of the glands connected with the intestinal canal (made out it will be remembered chiefly by vivisections) and especially of the pancreas. The results of inquiry showed that the pancreatic fluid not only converted albuminous compounds into peptones, but decomposed fats, rendering them readily absorbable, and effected the change of starch into sugar. Other experiments had shown that the mucous membrane of the large intestine was only an absorbing and not an assimilating surface, and consequently an agent was required which would effect the digestion of the various constituents of the food if introduced into the rectum. This agent was clearly the substance of the pancreas shown by still other experiments to be as active as the secretion of the gland. Dr. Kauffmann has given the meat-pancreas enemata in nine cases, and with the most brilliant results. In eight of these the stenosis was due to cancer of the alimentary canal, whilst in the ninth, that of a woman, chronic gastric ulcer was diagnosed and the vomiting was so constant that her powers began to fail, but life was maintained for many months by the use of the clysters alone. In seven of the above eight cases the cancer was seated in the œsophagus and in one case in the pylorus. One of these was kept alive nine months, two clysters being given per diem, at noon and at 6 P.M., the former generally after a cleansing enema had been administered. The noon enema was not discharged but absorbed. Each day a quantity of 300 grammes (about 1 lb. av.) of finely minced beef, carefully freed from fat and connective tissue were introduced with 100 grammes of pancreas. The patient felt quite well, took his walk and pipe daily in the garden, and finally died from hæmatemesis.—*Deutsche Zeitschrift für praktische Medicin*, Nov. 3, 1877.

PROFESSOR R. LUDLAM, in a lecture introductory to a course on Diseases of Women, in Hahnemann College, Chicago, says: "It would almost seem that between the cut of the dress and the cutting of their doctors the poor women are doomed. Nor can we suppose that the two hundred kinds of pessaries, and of abominable harness that our American women are wearing, are harmless in this regard. For there are thousands of cases in which these props have bruised

and ruined the structures they were designed to support, cases to which they were about as applicable as a crutch would be for the cure of an abscess in the arm-pit. It is not the proper use of remedial or of mechanical means that is so mischievous, but it is their abuse and indiscriminate employment that have ruined the health and happiness of so many women in our land; it is the putting of surgery before medicine, and not after it, as a means of cure; the fashion of treating this class of cases as one reads Hebrew, backwards; and of resorting directly to operative interference before trying the effects of remedies that has entailed the traumatism of which I speak. * * * There are two reasons why surgery has lately assumed such a paramount importance, and why a premium has been placed upon its practice in this specialty. The first of these is a forced attempt to create a distinct department of surgery, as applied to gynecology, by those who doubt the efficacy of internal remedies, and who know next to nothing of applied homœopathy. * * * The second reason for this curious and calamitous state of affairs is, that the people have been led to believe that in this class of cases especially, a more heroic system of treatment is necessary than in other diseases. It has become a fashion with them, and nobody supposes that what is fashionable can possibly be harmful. Thousands of doctors have taken advantage of this prejudice, and the wounds that have been inflicted unnecessarily, exceed in number those of any battle field since the days of Hannibal."—*Homœopathic Times*.

THE TREATMENT OF SIMPLE CARBUNCLE.—Dr. Clever describes in the *St. Petersburg medicinische Wochenschrift* the following case:

A stout woman of sixty years of age, who had for some years suffered from obstruction of the hepatic and portal system, was attacked with violent rigor, followed by a carbuncle on the right gluteal region. A painful tumor formed over the right tuber ischii surrounded by a brawny tissue, the whole swelling being seven or eight inches in diameter. In the course of a day or two the apex of the tumor softened, and clear reddish fluid oozed from the surface. The prognosis was considered to be unfavorable. Several deep incisions were made and poultices applied, Dr. Clever, finding the patient got worse, determined to inject carbolic acid subcutaneously. The solution employed contained two per cent., and was injected by means of a Pravaz' syringe. Every morning four syringefuls were injected at various points of the periphery, and one into the middle of the carbuncle. In the course of four days, during which twenty injections were made, the infiltration

entirely disappeared. The pain was abolished in two days and the fever greatly diminished. From the opening which had been made, a tolerably abundant purulent brownish-red fluid exuded, which continued for some days after the last injection, but all pain on pressure had disappeared, and the patient two days after the last injection was able to sit down comfortably in a chair. No injurious subsequent effects followed.—*Allgemeine Wiener medicinische Zeitung*, July 24, 1877.

LESIONS OF INTRA-MUSCULAR NERVES IN A CASE OF LEAD-POISONING—A painter, thirty-two years of age, who had frequently suffered from lead-colic came under the care of M. Mayor, and died from interstitial nephritis after he had suffered for three weeks before his death from typical lead-paralysis of the extensors of the forearm, the muscles moving the thumb and the extensor carpi ulnaris remaining alone intact. The intra-muscular nerves of the extensor communis and of the extensor pollicis longus were treated with osmic acid and then with carmine, and it was found that whilst the nerves distributed to the extensor pollicis were healthy, those of the extensor communis exhibited myelin, coagulation, atrophy of the axis cylinder, proliferation of nuclei, and in some fibres complete disappearance of the myelin, so that Schwann's sheath was empty; lastly, a few fibres appeared to be unaffected. The muscular fibres of the extensor communis were partly in a state of granular fatty degeneration, and in part reduced in volume with great proliferation of the nuclei of the sarcolemma. The muscular fibres of the extensor longus pollicis was sound. The changes thus correspond completely to those occurring in peripheral paralysis, but which does not by any means prove peripheral origin of the disease. The spinal cord and the anterior roots were not examined.—*Gazette Medicale de Paris*, 1877, No. 19.

TREATMENT OF HYDROPHOBIA BY OXYGEN.—A girl, seven years of age, was bitten by a rabid dog. The wound, which involved the subcutaneous cellular tissue, was at once cauterized with nitrate of silver and healed completely in seven days. The child had suffered three months previously from diphtheria, which had left a paralytic aphonia. When the wound had healed the child became very excitable. Seventeen days later dyspnoea suddenly manifested itself. The inspirations were free, but expiration was difficult and interrupted. Deglutition was almost impossible; the pulse was rapid and the fingers contracted. Neither urine nor fæces were passed for forty-eight hours. The child

inhaled three cubic feet of oxygen, which relieved the symptoms in two hours and a half. The next day a more severe attack occurred, with spasm of the muscles of the back and limbs, spasmodic respiration, and complete insensibility. These symptoms were again removed in three-quarters of an hour by the inhalation of oxygen. The slight dyspnoea which remained was treated in the same manner with oxygen for ten days, and the child made a complete recovery, with the aid of the monobromate of camphor, which was continued for two weeks.—*Wratschebuija Wedomosty*, No. 36, and *N. Y. Med. Record*, July, 1877.

CONTRIBUTION TO THE HISTORY OF GASTROTOMY. BY WOLZENDORFF, (*Berlin klin Wochensch.* No. 31, page 455, 1876).—In the seventeenth century gastrotomy was twice performed by German physicians for foreign bodies in the stomach. The report of these operations is borrowed from the oldest work on legal medicine published in German; *Vernunfftiges Wundenurtheil*, by John Nicholas Pfeizer, of Nuremberg, 1672. The following is the report of the first case:

At Prague, on Easter Monday, Matthæus, a Bohemian peasant 36 years old, a facetious man, was amusing himself by partially swallowing a horn-handle iron knife as a pastime. Inadvertently, he allowed the knife to slip too far down his throat and he was unable to recover it, as usual. After having retained it in his stomach for seven weeks and two days, the point of the knife worked its way externally through this organ near the cardiac orifice. This was aided by epispastics. Seeing this condition, the patient prayed the nurses to extract the instrument by dilating the wound. The most celebrated surgeon was sent for, Florinus Mathis, of Brandenburg. This gentleman performed the operation the first Friday after Pentecost, at seven o'clock in the morning. The patient recovered, in spite of contrary belief of the opinion of doctors in general, and he even married. The knife extracted from his stomach had a length of nine inches, and had assumed such a color, that one would have imagined it had sojourned in fire all this long while.—*Maryland Medical Journal*.

BULLOUS ERUPTION DUE TO IODIDE OF POTASSIUM—Dr. Van Harlingen publishes¹ the report of a lecture by Dr. Duhring of Philadelphia, upon a rare form of eruption situated upon the hands, arms, groins, and feet, in a patient who had been taking iodide of potassium for eczema. The efflorescences were vesicles of all sizes up to that of

¹ Philadelphia Medical and Surgical Reporter, August 4, 1877.

a pea, becoming confluent and forming bullæ. They contained a clear serous fluid, and were seated upon a slightly hyperæmic but not inflamed base. In their early stages they resembled upon the hands the eruption in the so-called dysidrosis, but when older they became semi-opaque and shriveled, and dried up without forming crusts. The lesions disappeared in a few days after discontinuing the use of the drug. None of the ordinary follicular inflammation produced by it was observed.

PURPURA PRODUCED BY IODINE.—M. Fournier describes¹ a new effect of this drug upon the cutaneous tissues, the production of petechiæ. In all the cases observed, the eruption of the purpura took place a few days after the administration of the iodide of potassium, in a period of from one to six days. In some of the patients the same effect followed each fresh administration of the iodide, while in one of them each marked elevation of the dose during treatment was accompanied by a revival of the eruption. In all cases but one the eruption occupied the anterior tibial surface; in that one the trunk was affected. The form of the eruption was miliary. It was unaccompanied by subjective symptoms, and disappeared spontaneously in two or three weeks. M. Fournier can find nothing to explain its occurrence but individual predisposition.

PHYSIOLOGICAL PROPERTIES OF BROMOHYDRIC ETHER. By A. RABUTEAU. (*Comptes rendus Acad. des Sciences*, 1876).—Bromohydric ether ($C^2 H^5 Br.$) has an agreeable odor, and produces, when absorbed by the respiratory passages, absolute anæsthesia more rapidly than chloroform. This ether has no caustic or irritating properties as compared to chloroform. Its exhibition is without danger. It is preferable to chloroform, as it is entirely eliminated by the respiration.—*Maryland Medical Journal*.

¹ *Le Mouvement medical*, No. 37, 1877.

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A WORD IN DEFENCE OF HOMŒOPATHY.

BY C. WESSELHOEFT, M.D.

THE *United States Medical Investigator* of May 15, 1877, contains an article by Dr. Lippe, who, after a denunciatory attack upon Dr. Hughes, assails the new translation of the "Organon," and takes occasion to utter a number of statements which are untrue in every particular, not only in letter, but in spirit. He says, "We had foisted on the school a new translation of Hahnemann's Organon. The translator wrote a preface full of adverse criticisms of the work, stating his object to be a *free translation*," and that "the work was mutilated by putting Hahnemann's paragraphs on animal magnetism with the foot-notes belonging to the text, behind the text," and for these alleged transgressions, the translator is denounced as having acted "in the spirit of the pretenders."

There are some who have not had occasion to examine the new translation of the Organon, which is the only edition accessible to students who are taught to regard it as a text-book. To them the present translation is represented as perfectly unreliable, and the translator as a pretender.

Under the impression that he is the protector of truth, the champion of all good and true men, and pure Homœopathy, Dr. Lippe seeks to prevent the use of a book which furnishes the most reliable information regarding our school; this he wantonly injures and seeks to impede its progress.

Although the Doctor's unscrupulous statements and offensively aggressive style forbid a reply, the interest of our cause serves as a sufficient reason for endeavoring to

correct to some extent the injury which has been inflicted on Homœopathy and its friends. If any one will take the trouble of reading the preface referred to, and of examining the text of the Organon, he will at once become convinced of the utter groundlessness of Dr. Lippe's ill-natured statements. But as the book may not be at the disposal of some, and as others may be deterred by Dr. Lippe's statements from making personal inquiry, the following may serve as a guide:

The Organon has been mutilated; it is a free translation; mesmerism is placed among the foot-notes at the end, cries Dr. Lippe. It is to be hoped that the reader will look at it calmly. The Doctor cannot find fault with the translation; he does not discover any errors, and with a commendable degree of discretion abstains from attacking that part, but vents his temper on the entirely irrelevant matter of arrangement, hoping thereby to discredit the whole, and endeavoring to create a prejudice against the book in a manner so devoid of truth and reckless in expression that we are surprised, and have to deplore the fact that such infringements of our code of ethics could find a publisher, and even a printer to set them in type.

The "foisting" of the book is alone due to the publishers, to whom we leave the defence of their undertaking. "Adverse criticisms," indeed! Dr. Lippe takes great care not to mention wherein they consist, and till he does so, there is no cause for alarm. It is true, the preface does not contain exclamations of fulsome adoration of the "Master," because the translator deems the subject one of scientific interest, and not as fetichism, like Dr. Lippe, who worships the man, and the technicalities of the book without regard to contents; hence the expression in the preface of the Organon: "in proportion as these principles are actually mastered, and in proportion to their isolation and abstraction from the adoration of the personality of Hahnemann, their general and thorough adoption will be rapid or slow."

It is no wonder Dr. Lippe grows restive; it is too bad to assail a man's religion.

The preface contains another expression which probably causes Dr. Lippe serious discomfort, because it is also true, and because he cannot refute it. With regard to the dose it is stated that there is a decided tendency to diverge into extremes, some transcending Hahnemann's propositions with regard to the dose as far (it should have been a *million times farther*) as others fall short of them. Was that the cause of the Doctor's irate remarks, or was it the placing of the chapter on mesmerism by itself? We are of the opinion that the potentiation of "Sol," dogs' milk, skimmed milk, etc., to the "millionth potency," by methods so far as known quite unlike that of Hahnemann, are incompatible with the principles of the *Organon*. Did Dr. Lippe ever object to those methods and practices, and did he ever call their inventors and advocates pretenders? Perhaps there is a journal between the Mississippi River and Omaha wherein he annihilated them; if so, please forward a copy, that we may see who the real "pretenders" are, that we may know the "transgressions," the "departures," from Hahnemann's principles that are being "foisted upon the school." The Doctor's virtuous crusade against Schuessler will not obscure the greater glory of the "good and true" man.*

The work was mutilated, says the good Doctor. A more unfair and recklessly unjust aspersion could not have been invented; and we must insist on this counter assertion till Dr. Lippe proves any inaccuracy or tampering with the text. But it is vain to challenge one so unscrupulous in his warfare.

The expression "free translation" has *not* been used by the translator of the *Organon*. It is another of Dr. Lippe's distortions designed to bolster up his accusation of mutilation. All the translator ventured to hope was, that the present translation may be found to be an entirely new and independent one. While endeavoring to produce a perfectly correct rendering of the original, he avoided too close an adherence to Hahnemann's construc-

* The *Investigator*, of May, 1877, and the *Advance*, of October, 1877, contain perfect anthologies of those phrases and epithets in Dr. Lippe's articles there printed.

tion, style, and punctuation. By more liberal use of periods many a long and intricate sentence has been made to yield a resting-place to the mind of the reader, etc.

The foot-notes, like the text, are faithfully and intelligently rendered, and are simply placed at the end of each section to which they belong, instead of the foot of each page. Just about one-half of the *Organon* consists of foot-notes; to place them at the end saves trouble and expense. To accuse any one of mutilation of a book in translation is as unfair and out of place as to accuse an honest man of forgery. Dr. Lippe seems to think, or pretend to think, that re-publications dare not be altered, and that this is the only example of the kind. A very little painstaking would have convinced any one but the Doctor that the re-arrangement of the works of authors not living is the right of every publisher, and has been practised from Homer to Shakespeare, and from him to the present day with every writer of prominence. Dr. Lippe knows that, but he chooses to ignore it; or, perhaps this does him wrong, perhaps he does *not* know it, and thinks he is stating the truth. Humboldt's works as *reproduced* are excellent specimens of book-making. Dr. Lippe says the *Cosmos* is a different work from the *Organon*, and tries to persuade his readers that on this account its arrangement ought not to serve as an example. Anything for a slur, twist, or distortion, and then prate about the logic of the pretenders. Logic, indeed!

The chapter on animal magnetism is not among the foot-notes (where it ought to be). Far from being mutilated or obscured, it was raised into undue prominence by creating for it a separate chapter in the form of an appendix, which, like the rest, has its notes at the end. As long as it remains the writer's calling to teach the principles of Homœopathy here, he will stoutly maintain that mesmerism has nothing to do with Homœopathy. As the translation fell to the writer's lot, who intended, and still intends, to use the book and to inculcate its principles, he arranged the chapters in accordance with pres-

ent needs. Oh, for charity! oh, for liberty and harmony! Dr. Lippe, in his great speech on the "homœopathician and non-homœopathician," made a distinction which he ever since tried to uphold in a solitary, forlorn kind of way. He closes a most remarkable doctrinal sermon with the motto: "*In certis unitas, in dubiis libertas, in omnibus charitas.*" Has he no friend to translate it for him? We hope so.

INTRA-UTERINE INFECTION.

BY JAMES H. OSGOOD, M.D., BOSTON.

Presented to the Massachusetts Homœopathic Medical Society.

THE following case may be interesting on account of severity of eruption and absence of constitutional symptoms, as well as in its bearing upon the matter of intra-uterine infection.

Patient was delivered, May 7, 1877 (at full term), of a finely-developed female child (her seventh), weighing eight and one-half pounds, and showing no blemish.

May 13, an eruption appeared, simulating Scarlatina Lævigata, which, in two or three days, assumed vesicular form, the neck and throat alone being free. One dose of *Sulph.*³⁰ and a few doses of *Acon.* were given. Eruption increased, and light-colored crusts began to form, especially on head, from beneath which was slight exudation of purulent matter, until May 27, when, on removing the clothing in the morning, the skin peeled off in flakes, leaving raw, angry patches, of one to two inches in diameter, on the whole back, from the scapular region to the upper border of the sacrum; *Hep. s. c.*,^{3x} was given, with warm water bathing, and glycerine and water dressing.

May 28. Raw spots so sensitive that bathing was accomplished with much difficulty; fever perceptible, but not marked.

May 29. Slight improvement; treatment continues, except that dry corn-starch was plentifully sprinkled on

beneath the glycerine dressing. From this time there was steady improvement; the head and back became covered with crusts, which easily peeled off, leaving sound skin upon which a few small vesicles appeared, soon, however, drying up and disappearing.

June 3. No sores, but many dry crusts.

June 14. Nothing remains of the eruption, save small, thin, dry scales on the head, which are gradually falling off.

A lotion of *Tr. Aconite*, ten drops to six ounces water, speedily restored the skin to natural color after falling off of the crusts.

During all this time the child enjoyed otherwise perfect health; no rise in temperature or acceleration of pulse at any time; rest and appetite good, and a steady gain in weight; and to-day she is as healthy a child as lives.

During December and January preceding, the mother had the care of three of her children in scarlatina and one in diphtheria.

There is no syphilitic or scrofulous taint in either of the parents or grandparents of this child, nor have any of the family been afflicted with a similar disease. If this is not a case of development of scarlatinal poison contracted in utero through a non-infected mother, what is it?

I had forgotten to state that the mother, during her attendance upon the children in the winter, suffered from angina, which was speedily removed by gargling with *Phytolacca Lotion*, and a few pellets of *Bell.*³

GLYCERINE IN FOLLICULAR VAGINITIS.

BY D. B. WHITTIER, M.D., FITCHBURG.

Read before the Massachusetts Surgical and Gynecological Society.

THE contest regarding topical applications, though persistently maintained, is apparently held in prominent

estimation by a minority only of the profession. Our law of cure is professedly held in such idolatrous reverence by so-called purists, that it is claimed that a disease cannot be cured outside the magic realm of Similia.

While I recognize this law at present as the best guide to remedial success, I still reserve for myself the acceptance and use of other appliances or laws of cure that develop out of scientific research, or are the resultant of an honest and patient observation in the use of means for the removal of disease.

I have no controversy with our law of cure, but, as a physician, I bring to my aid such assistants as clinical observation has demonstrated useful and sometimes curative; despite the rigid requirements sought to be attached to our formula by a portion of the profession. The advocates of topical applications are frequently challenged by opponents to produce cases of cure equaling the effects of remedies used in conformity with the law of Similia, who profess a willingness to accord a remedial influence only when such cases are numerously substantiated, as though it were necessary to vanquish one friend that another might possess a virtue. The acknowledgments of the opponents to the use of adjuvants and topical appliances are, that they are only productive of transitory advantage, are not cumulative, and, therefore, cannot be curative. Both of these objections, in very many cases, are as truly applicable to the use of medicines.

If each of us can produce one case in which the use of drugs as remedies has in our hands failed, and topical applications or other adjuvants have cured, we shall then have established a fact that there is at least one other method of cure than that embraced in our formula; and the frequency of the repetition will decide the relative place they should occupy as remedial agents in the hands of the profession.

The almost absolute dependence placed upon our medicines in the attempt to cure diseases, practically debars us from the opportunity of relying solely upon measures which are considered extra, and, therefore, the cases that

are essential to show by comparison the merits or demerits of treatment, are not at hand.

In treating a case in which I experienced a complete defeat while using medicines, I have been afforded an opportunity of illustrating the benefit of local application of glycerine.

The history of this case and its treatment, extending as it does over a period of two years, I am consequently compelled to make general reference to its principal features and those called from memory.

The patient was a Miss of about fifteen years of age; sanguine temperament, good proportions, and to every external appearance the picture of health. She had developed remarkably fast, having then attained the stature of womanhood, and weighing about a hundred and sixty pounds. There was a paucity of symptoms as remarkable as that a girl of such apparent health should be afflicted with such an unusual disease.

The association of such a manifest state of health was incompatible, to my mind, with a disease of any severity when supported by only two symptoms of any prominence, lassitude and leucorrhœa.

Objectively, nought but the most positive evidence of health, from childhood to this present time, had been observed; so that a scrofulous diathesis, inherited or acquired, was dismissed as having no claim in furnishing a cause of the disease, or an aid to the remedy.

The exuberance of these manifestations denoting health, such as development, size, flesh, and color, together with the absence of morbid symptoms, excepting those enumerated, evidenced to my mind the possibility that the leucorrhœa was a conservator.

This supposition was strengthened by the fact that the leucorrhœa had been uninfluenced by medicines administered from the symptomatic indications which are usually effectual for the cure of this malady.

My patient had lived mostly upon an amylaceous diet, discarding meats, fish, and vegetables, excepting potatoes, of which she was very fond, and ate heartily of. She had never been called to manual labor. The only

demand made upon her physical nature was schooling, and the activities incident to youth, in which she did not excel, being careful to preserve a moderation painful to behold. Hence her habits were sedentary. The lassitude so constantly her companion approximated absolute laziness.

Possessed of such a disposition of refined indolence that debarred her from the health-giving and sportive recreations of girlhood, the excretory organs became morbidly inactive, especially the skin, which scarcely ever enjoyed the luxury of perspiration, the torpid emunctories having failed to fulfil their office; these, associated with a life of plethora and physical idleness, I assumed as a consequent that the system had become burdened with effete matter, so certain to develop some morbid process, had given rise to the leuchorrhoea as a systematic offence, and the local drainage was an acting safety-valve for the system.

On the supposition that this was a conservative process, the change of treatment was made from the use of drugs to a dietetic one. Here the prescription was harder to take than the previous one of medicines, for the reluctance to yield both habit and appetite I foresaw was much greater than the desire to be healed, and could not be enforced.

Having passed over somewhat of the history of this case, I will now mention the characteristics of the leuchorrhoeal discharge and its treatment. The menses were regular as to time, but profuse and prolonged, lasting a week. She experienced internal heat and burning, intolerable itching, and often great excoriation at the vulva from the acrid character of the menstrual and leuchorrhoeal flow.

A most marked feature was its exceeding offensiveness, which almost defied comparison, but resembling substances like watch-oil, worm-oil, sewer-gas, or decaying fish, and like odors.

The color presented a mixture of brown and green, and of a watery consistence on the napkins, which were constantly indispensable on account of its copiousness

and irritation. This description represents the leucorrhœa as fully developed and in its worst presenting, but preceding this stage it exhibited the various degrees of intensity, from a bland to this severe form. The indications, from which the medicines were selected, were the character of the presenting leucorrhœa and the objective symptoms of the patient, and their administration was very nearly in the following order: *Puls.*, *Calc. Carb.*, *Merc.*, *Sepia*, *Nit. Acid*, *Creosote*, *Sulph.*, *Psorinum*, *Chlorinated Soda*, and prescriptions from other physicians.

In conjunction with these internal medicines, I used injections of *Calendula*, *Hydrastis*, *Hamamelis*, *Chlorinated Soda*, *Carbolic Acid*, *Bi-Sulphate of Soda*, with no effect save the deodorizing properties some of them possessed. The alleged causes of a leucorrhœal flow, by numerous authors, are "depraved nutrition, a scrofulous diathesis, diseases of the lymphatic system, and the various results of metastasis," neither of which causes could be definitely determined as exciting or predisposing agents in this case. Dr. Ludlam says, "a protracted and persistent leucorrhœal discharge, whether uterine, vaginal, or both together, are always indicative of structural disease somewhere, and the cause may be local, constitutional, or reflex."

Thus far I had suffered defeat.

My endeavor to ascertain the nature and cause of the malady, my physiological hypothesis had furnished so meagre intelligence, and my therapeutical attempts so poor results; and having exhausted every resource that presented to my mind, I determined that delicacy must give way to necessity, and a local inspection be insisted upon. This decision carried into effect, revealed the following condition: The examination was made with Higbee's smallest bi-valve speculum, and conducted with a good deal of care. The vaginal mucous membrane was so intensely tender that the blades of the speculum could only be slightly separated at the first examination, but by careful perseverance, subsequent separation of the vaginal walls was effected sufficient to ascertain the

condition of the parts. The vagina was intensely red and painful, and covered with inflamed follicles, resembling fleshy granulations, more particularly prominent at the uterine extremity. Severe pains, smarting and burning, followed the examination for hours.

Having satisfied myself as to the pathological state by these to me unmistakable evidences; and convinced also that the symptoms had not been a safe guide in determining the remedy; and since I had for more than a year, in attempting a cure, relied upon the medicines especially recommended for vaginal and uterine catarrh, I determined to discard medicines and test the remedial effects of glycerine alone. Accordingly, pledgets of fine cotton saturated with this agent were applied on an average not more than twice a week for a few weeks, after which, at irregular periods; for to the mind of girls the method is considered so decidedly indelicate as well as painful, that they will seek any pretext to avoid co-operation in the treatment.

The patient also was attending school, so that her limited opportunities for attention to treatment, together with those hindrances incidental to the profession, compelled my attendance upon the case to be intermittent, and often necessitated to be infrequent. But with this almost indifferent attention, it soon became apparent that the benefit was quite manifest. For, after months of treatment, the languor, which had settled like a cloud upon the young life, gradually gave way to buoyancy, and the irritability, resulting from the lack of enforced activity in daily life, was displaced by cheerfulness of disposition and mental occupation. The discharge was perceptibly diminishing, and fast losing its offensiveness and irritating qualities, so that the wearing of napkins could be dispensed with, the burning and heat was gradually disappearing, and the menstrual flow becoming normal. Improvement has continued as steadily as the attention could warrant, since the treatment was commenced some eight months since, and an inspection of the vagina now shows only a slight redness and tenderness, with an associate bland and moderate discharge.

Although not permitted by the circumstances to report a satisfactory cure, it is quite clear to my mind that an uninterrupted and attentive treatment of this disease by a reliance on the agent I have used, would have long ago cured this case which proved so intractable to medicines.

PHLEBITIS, OR MILK LEG.

BY GEO. F. FORBES, M. D., WEST BROOKFIELD, MASS.

Read before the Massachusetts Homœopathic Medical Society.

April 9, was called to see Mrs. G——, aged 30. Found her suffering severe pains in the head, back, and especially in the left groin, extending to knee.

Pulse one hundred and twenty, and great thirst; had vomited some, and was still nauseated, but continued to nurse an eleven-weeks-old baby. She had had a slow and tedious convalescence after confinement, which presented nothing unusual as to time or severity. On account of this thirst, nausea, etc., I prescribed *Arsen.*

Was sent for again the same evening; found the mother somewhat better, but the child was crying as if in hard pain, and had vomited several times.

The woman admitted that she had eaten some broiled fresh-water fish for dinner the day before, since which time she had felt an uneasiness in the stomach, and pains in one breast. Prescribed *Puls.* 12th for mother and *Ac.* for child. Next morning found the mother still better, though continued pain and burning in left breast, and down the left leg, especially in groin, and just below the knee; pulse one hundred, not so much thirst, no appetite, no vomiting. But the child had a bad night, and since midnight they had noticed that when they moved its left leg the child cried. Found the leg swollen considerably, more especially above the knee: the leg was flexed upon the body, hot, and great pain on pressure along the inner side from the groin to the knee-joints. Applied cloths wet with warm water to the leg. Swathed the

affected leg of the mother to the body, and prescribed *Arsen.* 6th to mother, and 30th to child.

Next day, 11th, found the mother considerably better in every way, but the child was growing worse; the leg was much tumified, hard swelling in groin and just below the knee, continual crying with pain, worse on movement or pressure, vomiting and diarrhoea continued. This being the first case I ever met of a child having milk leg, or Phlebitis, from the poison from the mother's milk, I could only treat it as I would if the case was the mother instead of the child. Swathing the leg was out of the question, as the frequent watery discharges soiled the bandage; the leg was flexed under the other one, and swollen and tender to the touch. Applied *Ext. Ham.* diluted, which seemed to afford some relief, removed the child from the affected breast of the mother, and after a week removed it from the breast altogether, the milk being almost wholly vomited up; gave *Ars. iod.* 30th to child, with an occasional dose of *Ac.* or *Bell.* for the extreme restlessness. Interested neighbors would not believe the child had milk leg, so two or three allopaths were called in, but the diagnosis was so evident that all agreed as to its nature, if not as to the proper treatment. One learned man was anxious to take the case, as he thought science would receive more benefit by his report of the anomalous case if cured in the regular way, than if by a homœopath; but I continued the case.

The mother continued to improve daily under the action of *Rhus.* and *Arsen.* till entirely recovered at the end of two months. The child grew white and transparent, except the leg, which remained red and swollen in spots, and painful to the touch, and on movement, for several weeks. Then there appeared above the knee a hard, red swelling involving the knee-joint, and as large as a child's fist, adhering firmly to the bone; but it was not opened, on account of the complication of the knee, as at no time was there manifest the presence of pus. Under the persevering use of *Ars. iod.*, and *Protiod. Merc.*, and external use of *Ham.*, the swelling gradually subsided, the child could take more nourishment, such as

beef-tea, milk, and broth, and retain them on the stomach; the diarrhoea and vomiting ceased, the child grew stronger, and now, after about six months of tedious convalescence, it can use both legs, no swellings remain, and the child seems vigorous and well, with the exception that for the past four weeks there have appeared several boils and abscesses in various parts of the body; these yielded to *Hepar sulph.*

Thus ended in a complete cure one of the most serious and perplexing cases it was ever the fortune of the writer to meet.

CASES FROM PRACTICE.

Hydronephrosis. Pyelitis.

BY GEO. D. WILCOX, M.D.

Read before the Rhode Island Homœopathic Society.

Case 1.—Mr. S., aged 54, has been addicted to the habitual use of stimulants, not to the extent, however, of interfering with his business. In August, 1876, he had nausea, loss of appetite, and pain in the back, which continued until October, when febrile symptoms were superadded which kept him in bed for some three weeks, and at the time were called "gastric fever." Early in November, pus in large quantity suddenly appeared in the urine. I saw him, for the first time, the last of December, 1876. At that time he was about the house, and went out more or less in pleasant weather. He suffered from continual nausea, with loathing of food, and at times from pain and tenderness in the left lumbar region, in which, on examination, a smooth ovoid tumor was detected, extending from the spine downwards and forwards towards the umbilicus. Percussion sound over the swelling was generally dull; but when a deep inspiration was taken, the abdominal muscles were lifted up from the tumor so that it became quite indistinct to the touch,

and the percussion sound became clear. It was not pushed downwards by taking a deep breath. These two marks distinguished it from an enlarged spleen. There was no marked degree of emaciation. The urine was often slightly bloody, and contained four or five ounces of pus in the twenty-four hours. It was always acid, and remained so after standing for several days. No frequent inclination, or pain in urinating.

It should be observed that the quantity of pus was variable, occasionally disappearing altogether for several days. At such times the pain and tenderness in the left side were increased, accompanied by a sense of fulness and distension.

The patient remained nearly *in statu quo* until towards the autumn of 1877, when uræmic symptoms supervening, the case soon terminated fatally. At the *post mortem*, the tumor in the left side was found to be the kidney of that side enlarged to a length of about nine inches. Its cavity, correspondingly increased, was converted into a suppurating surface. The same process had commenced in the right kidney, which undoubtedly hastened the fatal issue.

Case 2.—An unusually obese man, aged 58 years, of temperate habits, and leading an active out-door life, in the latter part of August, 1877, was seized with chills, attended by nausea and excessive thirst. He had pain in the region of the right kidney extending down towards the hip, but did not complain especially of its severity, and would probably have not mentioned it at all if he had not been asked in reference thereto. The quantity of urine was increased to a gallon and upwards in the twenty-four hours, being obliged to rise several times in the night in order to empty the bladder; but it was not accompanied by pain or other uneasiness. The first of September he sought medical advice; I did not, however, see him until the fifteenth of October. He was very much out of breath on exertion, the heart at such times acting violently. The impulse was felt outside the nipple, and dulness on percussion obtained over a larger space than normal. No valvular murmurs could be detected. There

was constant nausea with occasional efforts to vomit, sometimes bringing up a little mucus; also persistent and tormenting thirst. The urine was strongly acid, pale in color, and turbid when first voided.

On standing, a layer of pure pus was soon deposited, varying in quantity from one to perhaps three ounces in the twenty-four hours. A microscopic examination disclosed besides pus cells, an abundance of epithelial cells both of the round and tailed varieties, together with a quantity of granular detritus.

October 30, Drs. Barrows and Carr saw him with me in the evening in consultation. The quantity of urine had diminished during the day, and in fact none had been passed for some hours. The catheter was resorted to, and its use continued two or three times a day, thereafter. The urine soon became alkaline, which rendered the pus gelatinous in consistence. The urine decreased in quantity, and for a few days before death, there was considerable admixture of blood.

Autopsy, November 11, twenty-four hours after death. Right kidney rather below normal size; lining membrane of pelvis thickened and of a grayish-white color, with pus in its cavity; left kidney atrophied; the pyramids annihilated, and the cortical substance reduced to a thin layer; the mucous membrane of the bladder of an intense red extending up the ureter; heart moderately hypertrophied; valves normal.

Some eight or nine years ago the patient had an attack of nephritic colic, but neither himself nor family remembered on which side the pain was located, as no trouble was experienced afterwards referable to the urinary functions. The important fact is however shown, that Pyelitis may run a latent course even to the total destruction of the functions of the kidney.

THE RELATION OF ECZEMA TO RHEUMATISM.

*Read before the Rhode Island Homœopathic Society by T. H. Mann,
M.D., of Woonsocket.*

If there is any relation between the two above-named diseases, its exact degree cannot be traced, for we are met upon our first endeavor, by ignorance of the *pathological conditions* in rheumatism, and of the *causes* of eczema.

Rheumatism attacks the muscles, ligaments, sinews, joints and bones; but the slighter attacks leave no pathological conditions behind, and we only know of its presence by the pain produced. The exciting cause is generally conceded to be cold and damp.

Eczema is an inflammation of the skin, involving alterations of structure, and derangement of function. It may be thickened, fissured, or rendered œdematous; frequently its cuticle is raised upon papules, or affords a sheath to vesicles. These pathological conditions are as plainly marked as those of rheumatism are deeply hidden.

We know all of eczema but its causes, and all of rheumatism but its marks. Not only are these diseases totally dissimilar in all their exhibitions, but especially in their methods of attack upon humanity.

The pathological condition termed rheumatism, of very frequent occurrence, is described in "Baehr's Science of Therapeutics," as follows:—

"The disease commences very gradually with a vague feeling of malaise, accompanied with slight catarrhal symptoms. Simultaneously with the fever, one or more joints become painful,—the joint swells, with, or without redness. At this period the least motion or the least pressure causes pain, so that the patients remain perfectly quiet for fear of hurting themselves. Sometimes several joints are attacked at once, at other times only one.

The disease progresses in a characteristic manner, while the joint that was first attacked is getting better, other joints are attacked in the same manner.

In this manner, most of the other joints are invaded,

after which the rheumatism frequently breaks out again in the joint whence it had originally proceeded.

At times the swelling is quite considerable, at other times scarcely perceptible.

Sometimes it is confined to the joint alone, at other times the surrounding parts are extensively involved.

Very often we have noticed that before the disease terminates, every joint is attacked twice; and that the second attack lasts only half as long as the first."

Danger arises, generally, from its strong tendency to attack the heart or its membranes, thereby causing serious complications.

Is not the rheumatism thus described identical with eczema?

We rarely, if ever, observe the onset of eczema. If a patient consults us in relation to an eruption of that character, we discover that it is only a new exhibition of an old trouble. Formerly, it attacked the scalp, but now it appears upon the face, neck, or nose, and love for the beautiful requires that the physician's art be invoked for relief.

It may attack any part of the body, the location often affording it a distinctive name. Perhaps it more frequently attacks the scalp, face, neck, arms, and hands, than any other portion.

We often find old cases of rheumatism perfectly relieved upon the appearance of eczema. Occasionally a child, who, during its youth has always been rheumatic, is cured at puberty in such a manner; but more frequently a child has been carried through the different forms of eczema, commencing in babyhood with scald head, and running into salt rheum, to be cured by the appearance of rheumatism at puberty.

Sometimes there is an alternation of eczema with rheumatism through a whole life, changing every six months, or year, or with the seasons.

No doubt several distinct diseases of the skin, appearing very similar, but arising from widely different causes, are classed under the head of eczema. There is a species peculiar to those sections of country, where the water is

hardened by iron. This is rapidly cured by sending the patient to any place where he will be confined exclusively to pure rain water for all drinking and washing purposes. Another is evidently caused by the constant use of water hardened by lime, and is to be cured as the preceding. Still another is very troublesome to many who use water drawn from wells near the sea, and is most inveterate of all, for it is not so readily relieved by change of residence or water. But more filthy than any of these, is the *Camp* or *Prairie Itch*. Its cause is not definitely known, but a ready cure is found in *Rumex*, applied externally and internally. The first three varieties, either of which may have been inveterate for years, will often disappear in the space of a few days, and the rheumatism described by Baehr take its place, and *vice versa*.

That species of eczema known as "camp itch," will frequently have its remissions or alternations with rheumatism, or rheumatic pains. I will give three cases to illustrate, choosing many different types and from recent practice.

Case 1. Mr. L. B., aged sixty, a well-to-do merchant; has been troubled with an eczematous eruption ever since he could remember. While a boy, it was called "scald head." At times it attacked the hands so severely as to make them almost useless; yet, it never fully left the scalp, but occasioned a constant shedding of large quantities of dandruff. During the past few years it had troubled mostly the arms and thighs.

In September, 1876, he was attacked by rheumatism, about a week or ten days after the entire disappearance of the eczema of a lifetime. It went the rounds of all the joints twice, and during the sixth week located in the neck and one leg, where it seemed immovable. The neck was rendered quite stiff, the head being drawn slightly to the left side. On Oct. 14, a small pocket-battery was taken to the patient's house, and a very mild current applied to the neck, spine, and stiffened limb; the positive pole always to the head and neck. On the third day of the use of the battery, the old eruption began to appear upon the scalp and back of the neck,

and the more he rubbed and scratched the limberer he grew. He has scratched to the present day, hardly allowing himself time for sleep, but is entirely free from the slightest indication of rheumatism.

Case 2. Hon. C. A. S., aged fifty-two, at about the age of fifteen, began to be troubled with eczema upon the hands and arms; sometimes upon the thighs. At twenty years of age he had the first attack of rheumatism. It occurred in the fall of the year. As the rheumatism crept on the eruption ceased to trouble. During the twenty subsequent years he had several attacks of rheumatism, always ushered in in the same manner, and ceasing as the eruption re-appeared. During the past four years, he has had an attack of rheumatism every autumn.

Was called to see him Sept. 2, 1877, found him suffering from rheumatism, with a dread of being touched and of moving a single muscle. It ran four weeks, under the use of Bryonia, Cimicifuga, Phytolacca, and Sulphur water, when the eruption re-appeared upon the arms and legs; — *Case 1.* also received sulphur water all through the treatment. It was obtained by boiling sulphur in water for a short time, — decanting it when clear, and giving to drink in half-tumbler doses, morning and evening. In both the above cases, the main influence in bringing about the return of the eruption was probably the sulphur water, with pure rain water for drinking and bathing.

Case 3. Mr. A. P., aged twenty, had rheumatism or rheumatic pains from his earliest remembrance until two years ago, when he was attacked with eczema. The eruption first made its appearance behind the ears, but soon spread over the whole scalp, filling the hair with a thick scab. It then attacked the arms and legs. Upon the first appearance of the eruption all rheumatic pains left.

He first applied for homœopathic treatment Nov. 15, 1877. At that time the whole scalp was covered with a thick white scab, and it was creeping down upon his face; one-half the surface of both arms was completely covered, it having commenced at, and spread from, the

elbows; also there were large patches about the knees.

He received Graph. 5, *dec. trit.*, one powder each day, which he has taken to the present time, Jan. 16, 1878.

The eczema has nearly cleared off, leaving the skin smooth and healthy; there is but one patch, — about the size of a silver dollar, — near the right elbow, and the scalp is entirely clear, except a slight show of dandruff. No external application was made to the eruption.

DETERMINATION OF THE SEX BEFORE BIRTH. — Will it be a boy or a girl? — is a question often debated in domestic life, and of great interest to many important personages. The question does not admit of being solved with mathematical certainty, but medical science enables us to obtain a very close approximation. In the first place, experience has established the general fact that the heart beats quicker in the female than in the male infant before birth. This fact is ascertained by means of the stethoscope. The average pulse of the female infant before birth is 150; that of the male infant 120. It is also known that the number of pulsations bears an inverse ratio to the size of the unborn child. It may be objected that the influence on the foetus of the mother's circulation, is not taken into account here. It is assuredly a factor which should not be neglected. The relation is, however, easily established if we divide the foetal pulse by the maternal pulse. This matter was recently tested at Venice in a case which excited very great interest. Two sisters, very similar in general health and bodily formation, became *enceinte* at the same time. The sexes of the children were destined, for certain reasons, to exercise an important influence on valuable interests at stake. In the case of the elder sister the foetal pulse marked 120; in the younger, 145; and according to previously received ideas the elder sister should have given birth to a boy. But her pulse at the wrist marked 65, while that of the younger sister marked 95. The relations, taking into account the influence of maternal pulse, were, therefore, as 120 divided by 65, to 145 divided by 95, or as 1.84 to 1.47. The inference drawn was that the elder sister would give birth to a girl, the younger to a boy. Their *accouchements* took place on the same day, and the events confirmed the inferences. — *Medical Examiner*, No. 14, vol. ii.

THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, MARCH, 1878.

WE have before us the first number of the "*Organon*, a quarterly Anglo-American Journal of Homœopathic Medicine, and Progressive Collateral Science," edited by Thomas Skinner, M.D., Liverpool; Edward W. Berridge, M.D., London; Adolph Lippe, M.D., Philadelphia; Samuel Swan, M.D., New York.

The journal is to be the organ of the extreme high-potency faction in the Homœopathic school, and is intended to supply the want which the advocates of these ideas claim to have felt, viz.: a magazine devoted *solely* to their interests.

The British editors, in the introductory address, set forth 1. The reasons for the publication of the *Organon*; 2. The reasons for choosing this particular time; 3. The objects in view.

Under the first head, — the reasons for publication, — they urge the necessity of impressing upon the student at the outset, "that there is a false as well as a true Homœopathy," and "that the inquirer should have both aspects of what is called homœopathy put clearly before him at the commencement of his career." They then affirm that the word Homœopathist can be applied to no man "who does not firmly believe in all Hahnemann's practical rules, and strive in every case to carry them out to the best of his ability."

With the letter of this assertion we can find no fault, but the spirit is manifestly so different from the words, that we must take exception to that.

The editors say that "Hahnemann gave us three principal and fundamental rules, which are of universal application; they are 1. The law of similars; 2. The law of the single remedy; and 3. The law of the dynamization of medicines."

Of these three, the only one which can be really called fundamental, is the law of similars; this it is which gives us the name Homœopathist, and we have a right to the name as long as we accept that as a law, and abide by it in selecting our remedies. This we all do, from the man who uses tinctures to the one who never gives anything below the Mm. Hahnemann himself began his practice of homœopathy with the ordinary officinal doses, and he was just as much a

Homœopath then as when, in later years, he confined himself to the use of the 30th potency.

The question of the single remedy may be regarded as a logical sequence of the law of similars, for since our drugs are proved singly and the symptoms of each carefully separated from the others, it follows, that they must be applied singly to cover the corresponding symptoms manifested by simple diseased action. Sometimes, however, there may be complicated cases in which we either do not *know* the one remedy, or where one remedy will not cover all the symptoms; in either case we are perfectly justified in using two.

The matter of *dynamization* is no law at all, and the sooner the idea of developing spirit power in diluting our remedies is abandoned, the better will it be for the cause of Homœopathy.

The sole reason for attenuating our medicines is that they may be brought to a point where they will manifest their curative action without first producing an aggravation of the symptoms, which is to be expected from a large dose on account of the Homœopathicity of the drug.

Dynamization is an unfortunate word, and one which we confess, never to have heard satisfactorily defined; and we question very much whether any one of the editors of the *Organon* can give a *clear* idea of its signification.

The editors find fault with the "Physiological School," of which they consider Dr. Richard Hughes the representative. We think their objections are based upon an entire misapprehension of the facts in the case. The attempt to account for the symptoms of our drugs on a physiological or pathological basis, and thus establish their Homœopathicity still more exactly to different types of disease, is but one step in advance, and is a strictly legitimate and scientific endeavor. We venture to suggest that Dr. Hughes is as good and consistent a Homœopathician as the best of them.

Dr. D. Dyce Brown comes in for his share of censure, because, forsooth, he ventured to advise local applications in some cases of Follicular Pharyngitis, during a lecture delivered in the London School of Homœopathy. We sympathize with Dr. Brown in what must be a severe trial. There is so much said all through the address about Drs. Hughes and Brown, and the London School, that we imagine somebody is piqued at not receiving an appointment on the staff of lecturers.

Under the second head, the reasons for choosing this particular time, we find the following:—

“ A truth generally passes through three stages ; first, it is received by a few earnest men ; it is then unpopular and meets with opposition, therefore, none adhere to it who are not sincere ; next, comes the stage of popularity ; at this period, a number of half-adherents arise, either for the sake of the emoluments attending it, or, because, having been unsuccessful in the old state of things, they think they may succeed better in the new ; this necessarily results in truth being corrupted and perverted, till, at last — for *magna est veritas et praevalabit* — a storm arises, and the overclouded sky is cleared, and truth once more shines forth, appearing all the brighter after her temporary eclipse. This has been the case with Homœopathy on both sides of the Atlantic. Up to the year 1867, the Hahnemannians successfully defended and advanced their cause. . . Then came the second period, that of eclipse. Here the journals were closed as far as possible to the Hahnemannians, whose teaching was misrepresented, and whose writings were excluded, or, if inserted, frequently mutilated ; while the leaders of the Pathological School were permitted every opportunity of promulgating their own tenets. . . . The third period, that of resuscitation, commenced in 1876.”

There is, perhaps, a grain of truth in these statements, but there is also a good deal which is false. Homœopathy has passed through several stages, but Hahnemannism, so-called, can hardly be said to have gone through such an experience, for, as far as we know, these extreme ideas have been grafted on to Homœopathy, and did not originate with it. It is often the case that the followers of a leader in any reform, magnify the minor points in his teachings to the exclusion of the more important ones. This has certainly been the case with Homœopathy. The hue and cry over the question of potency has assumed of late years a magnitude all out of proportion to its importance.

The fact that the Homœopathic societies of northern New York and of Albany County have passed a series of resolutions to the effect that “ The use of Remedies in Inappreciable Doses is Non-Homœopathic,” and “ The Provings of High Potencies are useless and discreditable to Homœopathy,” is considered “ to show clearly what the Anti-Hahnemannians would do with Homœopathy if they had their own way, and that the time has come for making a firm stand against them.”

The objects of the *Organon* are, to “ uphold truth and combat error, to oppose *principles*, not individuals,” there are to be no “ angry per-

sonalities," etc., and yet, in the very same paragraph, the editors say they hope to repulse the advancing stream of Anti-Hahnemannian 'Muscovites' which assail them." Farther on in the journal there is an exceedingly personal attack upon Dr. D. Dyce Brown, so that it is evident that their practice hardly corresponds with their theory.

"The vexed question of the potency and dose, and that of the selection of the remedy, will be thoroughly investigated; and we shall endeavor to show that the dose and potency are always subservient to the mode of selecting the *Simillimum*; that the latter, and not the former, is the *fons et origo* of all our differences."

This is either an impertinent assumption of superior knowledge and skill, or else it is not a true statement of the case; we are inclined to think it is not the exact truth, for the course pursued by these extremists proves how much importance they attach to the potency and dose; again, we are unwilling to think that any of them would say that they alone know enough to select the remedy in accordance with the law.

In conclusion, the editors say, that the *Organon* is not intended for the profession alone, but for the public at large; all we can say to this is, that we hope the public will not read it, as we should not like to have Homœopathy judged by any such standard.

Among the original contributions we find some "Clinical Reflections," by Adolph Lippe, M.D., in which about six pages are devoted mainly to the questions, whether the symptom, "inflamed and stinging bunion," shall be added to the pathogenesis of Arsenicum, merely because this symptom was observed after Arsenicum 50m. had been administered for a different set of symptoms, and whether we shall wait in each case for the exhaustive action of the single dose.

We think Dr. Lippe could employ his time to more advantage in some other direction than in discussing such trivialities.

Perhaps the height of absurdity is reached, however, in the description of Dr. Skinner's Centesimal Fluxion Potentizer, a machine for preparing high potencies, on the bottle-washing principle. The machine is applied to any wash-basin, supplied with running water; and the process consists in allowing a stream of cold water to run into a "potentizing glass," which empties itself and is re-filled, as long as may be desired, while the record is kept by means of a series of dials and hands.

It is amusing to see how the inventor claims to follow Hahnemann's instructions to the letter. For instance, if he wishes the thirtieth of

Sulphuric Acid, he takes one minim of Nordhausen Acid, because that was recommended by Hahnemann, and puts it into a "perfectly clean potentizing glass," and about half fills the glass with water; he then shakes it up so as to thoroughly "*impregnate the interior of the glass with the medicinal substance.*" This is the first centesimal potency. He now empties the glass, allowing only as much as adheres to the sides of the glass to fall to the bottom, and places the glass in the machine, and allows it to work until the hand indicates 29th, he then pours the contents of the glass into a phial and shakes it up to "impregnate" the sides of the phial, he then pours it *all* out, and fills the phial with absolute alcohol and gives the up-and-down stroke of Hahnemann twice. He then gives the phial twenty-five powerful succussions, "repeats the up-and-down stroke of the Master twice," and considers that he has a *bona fide* thirtieth potency "*secundum artem.*"

This farce is claimed to be an imitation of the method practiced by Hahnemann, but unless we are mistaken, Hahnemann insisted that *this process of succussion should be repeated with each successive potency.*

Here, then, we have an example of a professed follower of Hahnemann, who insists that every word of the Master should be followed to the letter, making an important deviation in a matter on which considerable stress was laid by that Master. Verily, consistency, thou art a jewel!

In connection with this matter of "impregnating" the glass and the phial, we will quote a part of a paragraph which will serve to show the tendency of the whole article.

"If it were possible for Niagara to pour its unceasing torrent of mighty waters for twenty thousand years through the glass once thoroughly impregnated with the medicine, every drop in it, and each drop which has passed through it, would still correspond to the original pathogenesis of the drug, and probably much more. Heat alone can break the marvellous chain of spirit-power here developed. It would be equally as possible for Lady Macbeth to erase the 'damned spot' from her conscience, or hand, as for one of us to cleanse with cold spring water, a potentizing-glass which has once been thoroughly impregnated with, say the millionth centesimal potency of sulphur. We might say, with the wretched Lady Macbeth, 'Out, damned spot! out, I say!' but it will not out at any man or woman's bidding, because it is part of the great 'I Am!'"

We have given quotations enough to show the tendency of the

"*Organon*," and now we wish to call on all physicians who desire to preserve our principles from ridicule, to unite and take measures to prevent such ideas from being accepted as the universal doctrine of the Homœopathic school.

We are inclined to believe with Dr. Lippe and his followers that the time has come for a separation in our ranks, and the sooner it takes place the better for Homœopathy.

As for their claiming to be pure Homœopaths, strict followers of Hahnemann, and so on, it is a piece of arrogance which should not be tolerated by the rest of the Homœopathic profession, who by the conscientious application of the law have earned the title of Homœopaths and have as good a right to assume it as have the editors of the *Organon* and others holding the same views.

We are in receipt of a circular from the Secretary of the Commission of Organization of the Homœopathic Congress, of Paris, for 1878, which we translate as follows :—

The Homœopathic Medical Society of France, the Medical Committee of the Hahnemann Hospital, the Hahnemannian Society, and in general all the Homœopathic physicians of Paris, have the honor to inform their brethren in foreign lands that the *Fifth Homœopathic Congress of Paris* will be held at Paris during the Universal Exposition, and beg them to be present. The Congress will open on the 6th of August, and close on the 13th of the same month.

All theses, letters, or communications sent to the *Commission of Organization of the Congress* should be addressed to its Secretary, Dr. V. Chancerel, Rue du Faubourg, Poissonnière (number 98), France.

DR. V. CHANCEREL, *Secretary*.

We have received from Messrs. Otis Clapp and Son, a copy of their new CATALOGUE AND DIRECTORY OF HOMŒOPATHIC PHYSICIANS OF NEW ENGLAND. It is a model of neatness and elegance, and should find a place on every physician's table.

SOCIETIES AND INSTITUTIONS.

AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.—*Meeting for Organization.* At an informal meeting of physicians interested in the special study of Ophthalmology and Otology, held in Room 33, of the Kent House, Chautauqua Lake, N.Y., on the evening of June 28, 1877, Dr. Geo. S. Norton, of New York, was called to the chair, and Dr. E. W. Beebe acted as secretary. There were present, Drs. T. P. Wilson, Alfred K. Hills, W. H. Woodyatt, Geo. S. Norton, E. W. Beebe, W. A. Phillips, G. C. McDermott, C. H. Vilas, F. Park Lewis, and J. H. Buffum.

Upon motion, it was voted to proceed to the formation of a society to be known as the American Homœopathic Ophthalmological and Otological Society.

Upon motion, Drs. W. H. Woodyatt and T. P. Wilson were appointed a committee to draft constitution and by-laws.

Adjourned to meet in the same place June 29, 1877, at half-past eight o'clock, A.M.

E. W. BEEBE, M.D., *Secretary.*

KENT HOUSE, Room 33, Chautauqua Lake, N.Y.,
June 29, 1877, 8 1-2 A.M.

Pursuant to adjournment the meeting convened and was called to order by the chairman.

The Committee on Constitution and By-Laws made the following Report, which was accepted and adopted by the society, and the committee was discharged.

CONSTITUTION.

Article 1.—NAME. This society shall be called the American Homœopathic Ophthalmological and Otological Society.

Art. 2.—OBJECT. Its object shall be to hold annual sessions, or others, for the purpose of advancing the interests of the above special department of medicine and surgery.

Art. 3.—MEMBERSHIP. Its members shall consist of the following named persons, and such others as may be admitted from time to time under the provisions of such by-laws as may be adopted by the society :

H. C. Angell, M.D., Boston, Mass. ; C. Th. Liebold, M.D., New York ; T. F. Allen, M.D., New York ; C. A. Bacon, M.D., New York ; T. P. Wilson, M.D., Cincinnati ; Henry C. Houghton, M.D.,

New York; Malcolm MacFarlan, M.D., Philadelphia, Pa.; Alfred K. Hills, M.D., New York; W. H. Woodyatt, M.D., Chicago; Wm. S. Searle, M.D., Brooklyn; Geo. S. Norton, M.D., New York; E. W. Beebe, M.D., Evansville, Wis.; W. A. Phillips, M.D., Cleveland, O.; D. B. Hunt, M.D., New York; W. E. Rounds, M.D., New York; F. H. Boynton, M.D., New York; W. P. Fowler, M. D. Rochester, N.Y.; G. C. McDermott, M.D., Warren, Pa.; Alfred Wanstall, M. D., New York; J. A. Campbell, M.D., St. Louis, Mo.; F. H. Foster, M.D., Chicago; C. H. Vilas, M.D., Chicago; E. B. Squier, M.D., Syracuse, N.Y.; C. M. Thomas, M.D., Philadelphia, Pa.; F. Park Lewis, M.D., Buffalo, N.Y.; J. H. Buffum, M.D., Pittsburgh, Pa.; F. W. Payne, M.D., Boston; W. L. Breyfogle, M.D., Louisville, Ky.; S. J. Bumstead, M.D., Decatur, Ill.; J. F. Edgar, M.D., Cincinnati; D. J. McGuire, M.D., Norwalk, O.

Art. 4.—OFFICERS. The officers shall consist of a President, Vice-President, Secretary, Treasurer; and a Board of Censors, who shall be elected annually by ballot.

This Constitution may be altered or amended by a two-thirds vote of the members present at any regular meeting.

BY-LAWS.

*Article 1.—*The names of candidates desiring admission to this society shall be submitted in writing and endorsed by three members in good standing at any regular meeting of the society, and for any addition thereto they shall receive the recommendation of the Board of Censors. They may be elected by the members of the society.

Art. 2.—DUTIES. It shall be the duty of the Board of Censors to inquire into and receive the recommendations for admission, the qualifications and standing of such named persons as may be properly presented to them, and report on the same to the society.

Upon motion, it was voted to proceed to the election of officers for the ensuing year, with the following result:

T. P. Wilson, M.D., President; W. H. Woodyatt, M.D., Vice-president; Alfred K. Hills, M.D., Secretary and Treasurer; Henry C. Houghton, M.D., J. A. Campbell, M.D., and W. A. Phillips, M.D., were elected as Board of Censors.

Upon motion, it was voted to adjourn, subject to the call of the president.

E. W. BEEBE, M.D., *Secretary.*

The president elect, T. P. Wilson, M.D., assumed the chair, and announced the American Homœopathic Ophthalmological and Otolological Society open for the transaction of business.

Upon motion, it was voted that the arrangement of topics and business of the society for the ensuing year be left with the president.

Upon motion adjourned, subject to call of the president.

ALFRED K. HILLS, M.D., *Secretary.*

In accordance with the above instructions, I beg leave to appoint the next meeting of this association at Put-in-Bay, June 19 and 20.

T. P. WILSON, M. D., *President.*

REPORT of the Albany City Homœopathic Hospital and Dispensary, No. 123 Pearl Street, Albany, N.Y., for three months ending Feb. 1, 1878:—

ALBANY, N.Y., Feb. 14, 1878.

HOSPITAL.									
Patients in Hospital,	Nov. 1, 1877 .	.	.	.	.	.	.	.	9
“ admitted since	“ “ .	.	.	.	.	.	.	.	14
“ discharged	. . . . .	.	.	.	.	.	.	.	8
“ transferred to other institutions	. . . . .	.	.	.	.	.	.	.	1
“ in Hospital Feb. 1, 1878	. . . . .	.	.	.	.	.	.	.	14
Births . . . . .	. . . . .	.	.	.	.	.	.	.	2

DISPENSARY.									
Prescriptions issued during quarter	. . . . .	.	.	.	.	.	.	.	1,230
New patients . . . . .	. . . . .	.	.	.	.	.	.	.	494
Visits made by resident physician	. . . . .	.	.	.	.	.	.	.	67
Surgical cases . . . . .	. . . . .	.	.	.	.	.	.	.	129
Teeth extracted . . . . .	. . . . .	.	.	.	.	.	.	.	156

DR. R. R. TROTTER, *Resident Physician.*

LIVERPOOL HOMŒOPATHIC DISPENSARIES. — The annual meeting of the subscribers to these charities was held yesterday, in the Mayor's Parlor, Town Hall, the Mayor, Mr. A. B. Forwood, presiding; and there were also present, Drs. Drysdale, Hayward, Hudson, Mahony, Hawkes, Simpson, Moore, and Gordon Smith, and Messrs. J. J. Edgar, Treasurer, S. J. Capper, Hon. Secretary, Charles Grayson, Chairman, J. B. Cook, Chairman of the Wirral Homœopathic Dispensary, Henry Clark, J. T. Ellerbeck, T. Dismore, J. Siddeley, J. Jones. J. C. Thompson, Eccles, Falloon, William Crosfield, jun., T. H. Beale, and Husson and Rev. G. Lord.

The Hon. Secretary, Mr. S. J. Capper, read the annual report, which congratulated the subscribers on the extensive usefulness of the institutions and the continued appreciation of the homœopathic treatment by the poorer classes. The numbers attending the two

dispensaries during the past year were, — at Hardman Street, in-door attendances, 26,252 ; out-door attendances, 10,785 ; at Roscommon Street, in-door attendances, 23,129 ; out-door attendances, 2,681, or a weekly average of 1,210. An urgent appeal was made last year for new subscribers, and the response was such that the income has been nearly sufficient for the present expenditure ; still there is a deficiency, and while the committee are thankful for the assistance afforded, they still feel that the usefulness of the charity is limited by the funds at their disposal. A great need exists for a resident house-surgeon at the North Dispensary, Roscommon Street. One honorary and two paid medical officers are attached to this dispensary ; but the addition of a resident house-surgeon, whose whole time would be devoted to the institution, is becoming an absolute necessity. At present, the very important work of visiting the sick poor at their own homes is much limited for want of such assistance, and the committee would be glad immediately to make such an appointment if the means at their disposal were sufficient, but as this would necessitate an increased annual expenditure of probably £200, they must first secure a larger income. The committee would ask those interested in the extension of the homœopathic treatment amongst the poor, to take this matter into their serious consideration, and would urge upon all those who have derived benefit themselves from the system to become subscribers to the charity. The committee would again gratefully refer to the valuable assistance received from the Hospital Sunday Fund ; indeed, this is a most important item in their income, and without this aid the usefulness of the charity would be greatly curtailed.

Mr. Grayson moved the adoption of the report, and said the working of the dispensaries, during the past year, had been most satisfactory, not a single complaint having been brought before the committee. The want of a resident house-surgeon at the Roscommon-Street Dispensary was a serious drawback, and he should heartily rejoice to see funds forthcoming to supply this grievous deficiency. By subscribing to the homœopathic dispensaries, charitable people aided institutions which made the money go as far as possible. Giving one guinea to a homœopathic institution was equivalent to giving three guineas to the ordinary medical charities. The total income of the Liverpool Homœopathic Dispensaries was only £900, at present, and with that sum they relieved 20,000 persons, whereas at the other dispensaries they only relieved three times the number, with something like ten times the expense. In the course of his

remarks, Mr. Grayson referred to the death of the late King of Italy, and expressed a hope that the Italian Legislature would bring in a bill to make it high treason for any physician to produce a lancet in the presence of royalty [hear, hear, and laughter].

Mr. H. Clark seconded the motion, which was passed.

Dr. Hayward moved the appointment of the committee for the ensuing year.

Mr. Cook seconded the motion, which was also passed.

On the motion of Mr. Dismore, seconded by the Rev. G. Lord, a vote of thanks was passed to the honorary medical officers for their services during the past year.

Dr. Drysdale moved a vote of thanks to the Mayor for presiding. His Worship had no partiality for the homœopathic system, and therefore they had to thank him the more for his attendance there. All the homœopathists wanted was fair play, and he believed they were getting it now.

Dr. Moore seconded the vote of thanks, and remarked that homœopathy had already so largely leavened medical practice that many allopathists were practising it partially.

The vote of thanks was passed unanimously, and the Mayor having replied, the proceedings terminated.

HOMŒOPATHIC MEDICAL SOCIETY OF CO. OF NEW YORK. — At a meeting of the Society held on the 8th of February, the following preambles and resolution, reported by Drs. Minor, Lilienthal, Dowling, McMurray, and Burdick, were adopted: —

Whereas, There are some physicians, who by injudicious action, have bred dissension in our ranks, in which the utmost liberty of opinion and action should always prevail; and;

Whereas, We deprecate such action as neither conducive to professional harmony, nor tending to the advancement of medical science; therefore,

Resolved, That in common with other existing associations which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that although firmly believing the principle "*Similia Similibus Curantur*" to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognizing and making use of the

results of any experience ; and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care.

ARTHUR T. HILLS, M.D., *Secretary.*

BOOKS AND PAMPHLETS.

THE HOMŒOPATHIC TREATMENT OF SPINAL CURVATURES, according to the New Principle by E. C. Franklin, M.D.

PROLAPSUS UTERI AND ITS HOMŒOPATHIC TREATMENT, by William Eggert, M.D., Indianapolis, Ind.

PATHOLOGY AND TREATMENT OF DIPHTHERIA, by Wm. C. Dake, M.D., Nashville, Tenn,

FEMORO-POPLITEAL NEURALGIA, by Martine Kershaw, M.D., St. Louis, Missouri.

A SUCCINCT HISTORY OF THE PLAN OF TREATMENT OF POTT'S DISEASE BY SUSPENSION, and the Use of Plaster of Paris Bandage, by Lewis A. Sayre, M.D.

CEREBRAL HYPERAEMIA, result of mental strain or emotional disturbance, by WM. A. HAMMOND, M.D.

A MANUAL OF NURSING prepared for the training-school for nurses attached to Bellevue Hospital.

MATERIA MEDICA, for the Use of Students. By John B. Biddle, M.D. Eighth edition, revised and enlarged. Philadelphia : Lindsay and Blakiston. 1878.

The book begins with a discussion of mechanical remedies, such as blood-letting, scarifications, pneumatic aspiration, etc. Part II. treats of the imponderable remedies : Light, Heat, Cold, and Electricity. Part III. contains remarks upon the different medicines in use, the different modes of applying them, and their manner of action. The drugs are arranged under the heads of Narcotics, Alteratives, Stimulants, Sedatives, etc.

From our standpoint, such an arrangement seems of doubtful value,

but to the practitioners of the old school, for whom, of course, this work is especially intended, this plan is satisfactory. The book contains much valuable matter, and is published in Lindsay and Blakiston's best style.

THE APPLICATION OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY to Obstetrics and the Disorders peculiar to Women and Young Children, by Henry N. Guernsey, M.D. Third edition, revised enlarged, and greatly improved. Boericke and Tafel. 1878.

This book is already so well and favorably known to the Homœopathic profession, that it needs no extended commendation at our hands. Suffice it to say this third edition adds to the high standard of the work.

PRACTICAL GYNAECOLOGY. — A hand-book of the diseases of women, by Heywood Smith, M.A., M.D. Philadelphia: Lindsay and Blakiston. 1878.

The author states the object of this book to be "to present the busy practitioner with a book systematically arranged, burdened with no discussions on vexed questions of pathology, and giving at a glance the salient points of diagnosis and treatment, with clearness and brevity." The author has fulfilled his object of brevity to such an extent, it seems to us that the book is of very little *practical* benefit. As a quick guide to the verification of a diagnosis it may sometimes be of benefit, otherwise its apparent object is to give a slight hint of the barbarous treatment in vogue by the old school in this department of medicine, and to advertise certain methods and appliances of the author's father.

CORRESPONDENCE.

DR. A. J. EVANS, in the transactions of the New York State Homœopathic Medical Society, 1873 and 1874, recommends treatment of Hydrocele by injections into the tumor of the tincture of Iodine. He says he uses about a Hypodermic Syringe-ful.

I have tried this method (injecting about thirty drops of Iodine) several times. In only one case was it necessary to *repeat* the injection. This case had been submitted to operation previously. The sac was very much distended. I made two injections without avail. After a *third* injection I withdrew by aspiration about three drachms

of fluid, and the remainder was absorbed. In that for more than a year every trace of the Hydrocele has been gone.

The operation is painless, being followed by a sense of warmth in the scrotum, and sometimes by an uneasy, burning sensation for a few moments, but by no action sufficient to cause the patient any inconvenience; and the effusion is gradually but steadily absorbed. Its *simplicity* certainly *commends* it.

It is perhaps well to note the fact that in the very much distended sac there was no improvement until the tumor was somewhat relieved. The aspiration can be performed with a Hypodermic syringe, the *needle* being left inserted while the *barrel* is removed and emptied as many times as may be necessary.

F. L. RADCLIFFE.

OBITUARY.

DR. GEORGE BARROWS died at his residence in Taunton, Mass., on Saturday, , in his 63d year. About two weeks prior to his death he received an admonition from a paralytic attack of his left side. This, however, he did not consider would prove serious. On the eighth day the disease developed alarming symptoms in congestion of the brain. The best medical advice was in consultation and attendance; but he rapidly failed, until the following Saturday, when he passed away.

George Barrows was born in Attleboro,' May 12, 1815, son of Ezra and Beebe (Peck) Barrows. His father, who was a worthy farmer, died when he was a child; his mother subsequently married Capt. Jacob Ide, and George resided at his mother's new home, until he was sixteen years of age, when he went into a store, and subsequently attended the academy in Pawtucket. Being anxious to obtain an education, and out of health, he went to Oberlin, Ohio, and entered the manual labor school; there, after a few months study and labor combined, he developed a physical organization which carried him in after life through the constant strain and wear arising from the indispensable demands of his arduous profession. As an incident, with a few of his muscular fellow-students, he volunteered to cut a large portion of the timber used in erecting two of the present college buildings. George left the Oberlin Institution, and at the

age of twenty-one, entered Amherst College, where he graduated in 1840, receiving his degree in 1843.

He then entered the office of Drs. Manchester and Barrows of Pawtucket, spending three years in the study of medicine; he afterwards attended the lectures at the Pittsfield Medical College, under Dr. Childs (Lieut.-Governor), and received his diploma. He having become interested in the cause of Homœopathy, he made the science developed by Hahnemann a study, and adopted it for a life profession.

In 1846 Dr. Barrows opened his office in Taunton, the only physician of that school. After a few years' practice he attended the Philadelphia Homœopathic Medical College, receiving his diploma there. During his practice in Taunton he has been associated with many physicians, including Drs. Graves, Jones, Hayward, Harris, Cushing, and others, two of whom he leaves as long coöperating friends in the same field of medical practice. A large number of students have also received his instruction and kind aid in their commencement or practice, and his memory and that of his amiable family will remain a pleasant oasis in their lives. In 1848 Dr. Barrows married Miss Jane E. Wells, of Otis, whom he leaves with an only son, who have the sympathy and condolence of the community in their great bereavement.

If in the course of events there came any friction from competition, or the diverse opinions of medical brethren of the many schools, he preferred the quiet, unobtrusive course, leaving controversy to others. While he was no controversialist, he has written much in defence of what he considered right, from which he could not be moved. The society of which he has been for more than twenty years a valued and worthy member, and the community in which he has long resided, mourn the loss of a kind friend, neighbor, physician, and estimable fellow-citizen, who has suddenly departed in the prime of life and in the midst of usefulness.

CAROLINE A. HURD, M.D., of Taunton, who had selected the city of Taunton as the place for a permanent medical practice, died Jan. 22. She was a woman of excellent attainments, a diligent student, a thoroughly qualified practitioner, and one whose gentle and kindly thoughtfulness for others inexpressibly endeared her to all who knew her. Her profession was a great delight to her, for the good she was enabled to do, and every duty was discharged with conscientious

faithfulness. She was born in Lockport, Niagara County, N.Y., in 1822. She loved teaching, and for many years followed successfully this occupation in common, family, and select schools, some of them being of high grade. She graduated from the Boston University Medical School in 1875, and at once commenced practice in the city of Taunton. For the last six months her health has been slowly but steadily failing. To her the Woman's Christian Temperance Home is indebted for labors by night and day, and almost her last work before yielding to the fatal disease which gradually sapped her strength, was in the interest of this useful institution.

ITEMS AND EXTRACTS.

THE Mayor presided, recently, at the annual meeting of the supporters of the Liverpool Homœopathic Dispensaries. It was stated that during the year twenty thousand persons had been treated in connection with the institutions, and the total income had been less than a thousand pounds. Dr. Drysdale, in the course of some remarks, said all that the homœopathists wanted was fair play, and he believed they were getting it now. Yesterday, also, the Mayor presided at the annual meeting of the Society for the Relief of Distressed Needlewomen. The report mentioned that great distress had existed for some time among the class for whose aid the society had been established; and it was suggested by one of the speakers that means should be used to persuade young women to seek employment as domestic servants rather than at needlework.

THE ACTION OF GLYCERINE. — This subject has recently been investigated by Dr. A. Catillon (*Arch. de Physiologie*, 1877, page 83, and *Gazette des Hopitaux*, 1877, No. 19), chiefly in relation to nutrition. He found that the addition of 0.5 gramme glycerine to the ordinary green food of guinea-pigs caused an increase of *one-tenth to one-fifth* in their body weight in a month; whereas a number of the same animals, similarly fed, but without glycerine, remained in *statu quo*, but on the addition of the latter drug gained an equal amount of flesh in the same period of time. The increase appears to depend partly on a development of fat, and partly on diminished destruction of nitrogenised tissues. The excretion of urea is reduced by the use of glycerine. Catillon found that in six days, *without* glycerine, he

passed a mean of 23.55 grammes per diem ; and in the next six days, with similar diet and thirty grammes glycerine, 17.10 grammes. The effect was not increased by larger doses than 30 grammes — in fact, it was rather diminished by them, and they gave rise to diarrhoea and other signs of disordered digestion. Experiments on dogs did not reveal the presence of retained urea in the blood (*i. e.*, the blood during the use of glycerine is not abnormally rich in urea). No appreciable quantities of the drug can be detected in the blood, and the same is true of the sweat and fæces. The blood of dogs which have had large doses for a long time appears to contain less than the normal quantity of glucose. As soon as the dose exceeds 20 grammes daily (in dogs), part of the glycerine passes into the urine about an hour after ingestion, and can be detected there for about four hours. Neither albumen nor sugar were ever present in the urine. The temperature of the animals rose from a few tenths of a degree to 1.5 degree Cent. In moderate doses, not exceeding 30 grammes per diem, which should be taken all at once, diluted with about *ten* times the quantity of water, Catillon affirms that glycerine improves the appetite and the digestion, and acts gently on the bowels. He does not recommend a larger dose, but we may mention that Harnack, in an article on the Treatment of Diabetes by glycerine, published in 1874 (*Archiv. f. Klin. Med.*), gave diabetic patients as much as 180 to 360 grammes daily, in association with animal food, and found a marked improvement in their general condition, and a reduction in the quantity of urine sugar, and urea excreted, the latter two results agreeing with those obtained by Catillon in his experiments on dogs and on himself. It is important to notice that glycerine is a poison in large doses. Fifteen grammes to each kilogramme of body-weight, will kill a dog if administered in one dose. This subject has been more fully investigated by Drs. Dujardin-Beaumetz and Andije (*Union Medicale*, 1876), and they found that subcutaneous injections of eight to ten grammes per kilogramme of body-weight would kill a dog in twenty-four hours. They were followed by hæmaturia and vomiting, and later on by dryness of the mucous membranes and severe thirst, by great muscular weakness, sopor, moderate depression of temperature and death. Tetanic spasms occur after doses of fourteen grammes per kilogramme, and the temperature rises above the normal. Post-mortem examination showed marked hyperæmia of the liver, kidneys, lungs, and intestinal mucous membrane. How glycerine exerts its poisonous action is as yet unknown.—*British Homœopathic Review.*

POISONING BY PRUSSIC ACID.—The following case is reported in the *Medical Times and Gazette*, by Dr. Hunt, under whose care the patient was when admitted into University College Hospital: A. J. a well-nourished boy, three years old, was brought to the hospital by his mother, who said that shortly before (under half an hour), he had eaten several bitter almonds, number unknown, as he took them from the shop which she kept. Patient was lying apparently unconscious in his mother's arms, slightly cyanotic, and markedly pale, with eyelids closed. On raising the eyelids the pupils were seen to be moderately dilated. The arms were stiffened through tonic spasm of the muscles, enough for the anxious mother to say that the "death-stiffening" had already commenced. In fact the mother thought she was carrying a dead child. No odor of hydrocyanic acid could be detected at the mouth; the breathing was very low, with no catch in the act of respiration. The pulse could not be felt at the wrist. There was no paralysis of the sphincters. Immediately a dose of sulphate of zinc (thirty grains) in a large quantity of warm water was administered, though with some difficulty at first; and this was followed by the administration of a large quantity of the mixed oxides of iron. This preparation was speedily prepared by adding four drachms of the liquor ferri persulphatis (P.B.) to forty grains of protosulphate of iron dissolved in about one ounce of water, and then adding enough liquor sodæ to produce full precipitation, and leave the mixture slightly alkaline. As the emetic had no effect, in a very few minutes a finger was pushed far down the patient's throat, and reflex vomiting excited in this manner. The vomited matters contained several fragments of undigested almonds, and had a most powerful smell of prussic acid. The child partly rallied, and the pulse could just be felt, very weak and very rapid, at the wrist. No marked Prussian blue color was noticed in the vomited matters. Not being sure that all the almonds had been discharged, some more sulphate of zinc was administered, and large quantities of warm water; but tickling the throat had to be again resorted to, as the patient was returning to his comatose condition. This produced fresh vomiting, the vomited matters containing a larger amount of almonds, and having the same powerful odor as before, which did not disappear entirely for many minutes. The further course of the case was marked by slight improvement after vomiting, with speedy relapses towards the comatose state; so that it was not for nearly an hour and a half that all dangerous symptoms had subsided, and the pulse become fair at the wrist. Towards the end recovery was much

hastened by the administration of small doses of brandy, which had a very marked effect on the pulse. The child was then put to bed, when it at once went to sleep, and was discharged perfectly well the next morning — eighteen hours after admission.

The most noticeable feature in this case was the frequent rallying after the act of vomiting, with the speedy relapses — which latter were evidently due to the formation of fresh hydrocyanic acid. Had an amount of the poison equal to that which was slowly evolved from the almonds been taken at once, no doubt the result would have been speedily fatal, notwithstanding the energetic treatment.

On being questioned, the mother said the child had given a cry when the symptoms commenced, but it was difficult to determine from her account, whether it was the characteristic cry or not.

POISONING BY CARBONATE OF BARYTA.—M. Siedel reports, in the *Vierteljahrschrift für gerichtlichen Medicin*, the case of a young woman aged twenty-eight, who took a mixture of carbonate of baryta and sugar, probably in repeated doses, but in unknown quantity. She died on the second day, after having suffered from vomiting and diarrhœa, pain in the stomach, restlessness and anxiety, prostration, difficulty of speech, and dyspnœa. At the necropsy, there was found to be very extensive inflammation of the mucous membrane of the stomach and small intestine, with numerous extravasations; also swelling of the intestinal mucous membrane and fatty degeneration of the liver. The poisonous substance was also present in the stomach, in the form of little granules. Carbonate of baryta (Witherite) is regarded by many as harmless; but it is not so, as in the stomach chloride of barium is formed, the poisonous property of which is well established.—*British Homœopathic Review*.

THE POISON OF TYPHOID FEVER CONVEYED BY WATER.—Local epidemics of typhoid caused by the evacuation of a patient gaining access to drinking-water are well worthy of being placed on record. A recent number of the *Berliner Klinische Wochenschrift* contains an account of five cases in which infected water was the undoubted medium of communication. A miller, living on the bank of a small stream, was attacked by typhoid. His excreta were thrown daily into a small pond, which was connected with the stream by a ditch. The man recovered, but, seven weeks after his attack, his brother, who alone had nursed him, fell ill, with serious symptoms of typhoid. The discharges from the bowels were very profuse, and were, as

before, thrown into the pond. A few days afterwards, four workmen, who were employed at a forge about a mile distant, were also attacked by typhoid, and the medical attendant, anxious to discover the source of the mischief, found that all these men obtained their drinking-water from the stream in question, there being no well available. Another case also occurred, the patient being a farm laborer who worked in a meadow near the forge, and who also drank the water from the stream. No case of typhoid had been known to occur in the neighborhood for a very long time previously, and all circumstances were in favor of the supposition that the disease had been transmitted through the medium of the water. There was no evidence as to the source of infection in the case of the first patient. The period of incubation was extraordinarily long, particularly in the case of the brother. The history of this small epidemic tends to support Dr. W. Budd's view, that a specific agent must be present for the production of typhoid fever. Probably the water of the brook in question often contained more or less ordinary fecal matter. The lesson to be drawn is that the excreta of typhoid patients should be completely disinfected, and, where possible, as in country places, should be deeply buried in spots far removed from any source of water supply. — *Medical Examiner*, Nov. 29, 1877.

A CASE OF POISONING BY THE POWDER OF PODOPHYLLUM RESIN. — The following case is reported by Dr. David Webster. A chemist's assistant consulted Dr. Webster for inflammation of his eyes. On inquiry it was found that a few days previously he had been engaged for five hours in powdering, and was consequently much exposed to the dust of the resin of podophyllum. On the following day whilst washing his face he noticed that his eyes were red, and the skin about them discolored, and by night-time the parts had become so painful as to prevent sleep.

When he presented himself at the hospital on Wednesday, all the parts which had been exposed to contact with the powder were of a yellowish-red color, but not swollen to an appreciable extent. The ocular conjunctivæ were much injected, the palpebral only slightly, the pupils small, the eyes painful and sensitive to light. Dr. Webster instilled a two-grain solution of sulphate of atropia four times at intervals of fifteen minutes before he succeeded in dilating the pupils. There were no signs of iritis, but there seemed to be a reflex spasm of the sphincter iridis, which caused it to resist the action of atropine. Dr. Webster gave the patient a two-grain solution of atropine to drop

into each eye three times a day, and a borax wash for the whole affected surface, to be applied also three times a day. Five days after his eyes had resumed their normal appearance, except that the pupils were dilated, and the skin of the face and neck had lost its unnatural color. A few small pustules were scattered over the chin and throat.

Dr. Webster stopped the atropine and directed him to continue the borax wash until the pustular eruption should have disappeared. The patient informed Dr. Webster that he knew of three other druggist's assistants who had been similarly affected from the contact of powdered resin of podophyllum. (*Lancet*, vol. xii. No. 23.)

A METHOD OF MEASURING THE LOWER EXTREMITIES. — Dr. Richard O. Cowling, of Louisville, states that by the ordinary method of obtaining the comparative lengths of the lower extremities, it is difficult to get exact results. Even when every precaution is taken to guard against the obliquity of the pelvis (which is the chief source of error), an eighth or even a quarter of an inch difference may escape detection. Such at least is the case when measurement is made between the spinous process of the ilium and the malleolus on each side. Neither of these presents a point, but a surface which, in persons well-clothed in flesh, occupies considerable area. When measurement is made from the umbilicus or episternal notch to the middle of the sole of each foot (Sayers's method) this difficulty is perhaps done away with. Dr. Cowling has, however, for several years past adopted another plan which is, he thinks, more convenient, and by which the liabilities to error (when a tape line alone is used) are reduced to a minimum. The plan is this: The patient lying on the floor or a table (a soft mattress will confuse any measurement), the parallelism of the iliac spines and the proper extension of the limbs being looked to, a point is taken on the umbilicus, and marked with ink, if necessary. Commencing at this point, the tape is carried in turn *around the sole of each foot and back again to the point of departure*. The difference between the two measurements thus obtained represents *twice* the amount of difference which exists in the length of the limbs. For instance, if the measurement thus obtained when the tape is carried around the right foot is fifty-four inches, and when carried around the left foot it is fifty-five inches, the difference in the length is half an inch. Of course care must be taken to carry the tape around corresponding portions of each foot, and in the same direction — from within, outward, or *vice versa* — on both sides. A great amount of swelling in the foot may also occa-

sion error, but not to the extent it might be imagined. He thinks the method described will be found convenient and useful, either when employed alone or to verify results obtained by other plans. It has the advantage of indicating small differences, as these are multiplied. — *Medical Record*, No. 346.

ARTERIAL TENSION. — At a recent meeting of the Société de Biologie, M. Francois Franck communicated some very interesting results of his experiments upon the relation between arterial tension and the frequency of the cardiac contractions. Marey has formulated the law of the inverse ratio of the heart-beats to the arterial pressure, other things being equal; but this last condition is very hard to fulfil. If all the connections between the head and trunk of an animal, excepting only the pneumogastric nerves, be severed, the cardiac rhythm may be considerably retarded by injecting defibrinated blood, so as to increase the intracranial arterial tension. A similar effect may be produced by compressing the encephalic organs from without. Another condition which seems to be associated with the preceding, is the increase of the intracardiac tension. If the cardiac muscles of a turtle be divided so as to suppress completely all active innervation, the cardiac rhythm remains the same under all variations of intracardiac pressure. These experiments appear to show that the variations in the rapidity of the heart's action depend upon changes produced in the nervous centres regulating the organ, and not, as might be thought, in the mechanical effect of increased opposing force. This agrees with Bernstein's view (*Medicin Centralblatt*, 1867, No. 1). Bernstein says the reduction of the pulse rate, which followed injection of water into the circulation of dogs and rabbits, took place through the vagi. At the same time, we must recollect that it is no new discovery that augmentation of the tension in the cerebral circulation retards the heart, and it would be accepting more than the logical conclusion were we to infer that this is the only road by which the heart's action can be affected. The second part of M. Franck's experiments does indicate that, innervation being excluded, mere increase of intracardiac pressure determines no alteration in the cardiac rhythm. We have such scanty details of his mode of operating, that it would be premature to express an opinion; but the tendency of recent physiological investigation has been to centralize all the motor phenomena connected with the circulation, and to make them depend more and more upon impressions generated in the medulla. — *Homœopathic Review*.

TREATMENT OF SPRAINS BY MASSAGE.—Dr. Douglas Graham of Boston gives the results of two cases of sprained ankle treated by massage. 1. A young lady of good muscular vigor and firm tissues had sprained her ankle three times within two years. The last injury was naturally the most serious, the foot being turned violently inwards. For two or three weeks she was treated with rest, bandages, etc., and after that she got about on crutches, walking stiffly and with pain, and thus she continued for three months without further improvement. About three months after her accident, Dr. Graham was called, and on examination found that there was still considerable effusion in front of the external malleolus and behind the internal, pressure on which excited sharp pain, in the former more than the latter, and to these places was referred the pain, which was aggravated by passive motion of the foot, and this pain seemed to be the chief symptom in limiting the passive motion to a very slight degree of flexion and extension. After twenty minutes' malaxation or kneading with the palm of the hand and fingers, alternating with friction in an upward direction as far as the knee, the effusion was slightly diminished, the tissues were suppler, the limb felt more comfortable and yielded more readily to passive motion. At the second visit a little resistance was added to the voluntary flexion and extension of the foot. At the third visit, the spots which had been painful on pressure, could bear vigorous manipulation very comfortably. Henceforth, friction, malaxation, passive and acto-passive motion were persisted in, half an hour or so daily. After the sixth massage she went up and down stairs naturally, and walked half a mile the eighth day after the treatment was begun. The patient has continued well ever since, and has had no relapse now over three years. 2. Miss A—— has been in a nervous, dyspeptic, half-invalid, loose-jointed condition for sixteen years. Nine months before Dr. Douglas Graham saw her, she was walking along an uneven road, her foot slipped, and in the effort to regain her balance she made a misstep, twisting her left foot. The foot swelled to about one-half more than its normal size, and the pain was referred mainly to the instep. For five weeks the recumbent position was kept, and antiphlogistics used. Mr. Graham at once began by giving the limb vigorous manipulation or deep rubbing as far as the knee, with brisk passive motion. After the first *seance* of twenty minutes, it was to be expected that such a hyperæsthetic individual would be quite tired out and much worse generally, as was the case; but the theory was firmly adhered to that the more strength the limb gained the better

able would she be to bear her numerous aches. On the day following the third massage the patient walked without limping any more, and after half a dozen visits in eight days she went up and down a long flight of stairs naturally and easily. At the end of ten days, after seven massages, Dr. Graham tied a handkerchief around the metatarso-phalangeal joints, and put one loop of this over the hook of a spring-balance, the indicator of which was pulled out several times to 12 lbs. by the upward movement or flexion of the foot. The other foot pulled 16 lbs. in the same manner.—*Med. Record*, No. 853, *Practitioner*.

DILATATION OF THE URETHRA BY THE URINE ITSELF.—Towards the end of the last century Brunninghousen recommended this method of dilatation, which he claimed to be more easy and simple than that by bougies. To practice it the patient must simply compress lightly the urethra behind the glands with his fingers whenever he wishes to urinate. The pressure must be such that the urine can only escape slowly and after having remained some time in the canal; as a necessary result the canal will be more or less dilated through its entire length, in the constricted as well as in the healthy portion. If this be repeated every time the urine is voided, the same effects will gradually be produced as if the bougies had been used, while at the same time the inconveniences of the latter are avoided. M. Béranger-Férand has employed this method in his practice, and the following are the conclusions he has arrived at with regard to it:

1. Dilatation of the urethra by the urine, repeated at each urination for a long time after a prolonged attack of gonorrhœa, seems to prevent the formation of strictures.

2. In cases of moderate strictures it seems to have restored the normal calibre of the canal, or at least to have restored the calibre sufficiently to render micturition easy.

3. After the operation of urethrotomy it will perhaps prove useful to prevent, or at least to retard notably, the return of the constriction.

4. In cases of varicose dilatations at the neck of the bladder, or in the membranous portion of the urethra, it appears calculated to be serviceable.

5. It seems to prove useful also in the case of partial or total hypertrophy of the prostate in old men. In such patients the first drops of urine, which are emitted with so much difficulty and slowness, will serve effectually to fill the canal if the meatus be kept

closed. When the ordinary calibre of the canal is once re-established in this way, the remaining contents of the bladder can be evacuated easily. The method has this great advantage, that it does away with the difficulty of emission after the first drops have escaped from the bladder; when it is not employed, the difficulty of emission persists during the entire act; the micturition, moreover, becomes intermittent and the bladder is incompletely emptied, as a result of which, frequent desire to urinate is soon experienced.—*Lyon Medical Record*, Oct. 7, 1877.

EXTIRPATION OF THE KIDNEY.—On Thursday, the 7th of June, at the Leeds Infirmary, Mr. Jessop removed the left kidney from a child aged two years and three months. The first noteworthy symptoms were hæmaturia and irritation of the bladder, but several soundings for stone gave negative results. The child, however, lost flesh, and became more and more pallid. About two months ago a rapidly increasing tumor was discovered in the left renal region, and as the indications were those of malignant growth Mr. Jessop determined to cut down upon it, and, if possible to, remove it. The incision was similar to that recommended for colotomy, but longer. When the diseased mass was reached the kidney was peeled by means of the fingers, and a whip-cord ligature was passed around the vessels and ureter, and firmly tied. The remainder of the growth was afterwards stripped away, and the whip-cord left to drain the wound. The operation was a formidable one owing to the large size of the diseased organ and the free venous hæmorrhage which followed the separation of the growth from the surrounding structures. When removed the kidney weighed sixteen ounces, and resembled encephaloid in appearance. The child was doing well on the 11th instant. There was no peritonitis, the bowels acted freely, and the urine flowed abundantly, and was not stained. There was no vomiting, the temperature was but little above normal, and the child partook freely of milk. Mr. Jessop has kindly promised to publish in due course a detailed account of the case. On going to press we learn that the symptoms in the case are all favorable. — *Lancet*.

CHILDREN'S DISORDERS AMONG THE JAPANESE.—In regard to the personal habits of the people, it is interesting to remark that they drink very little cold water. The water is drunk as hot tea—in other words, it is boiled. Of extreme importance, too, in regard to children's disorders, is the fact that, until they are two or three years

old, they draw their nourishment from the maternal fount. *No child is fed artificially.*

On the other hand, it is interesting to note that the Japanese eat unripe fruit to an inordinate extent. The moment fruit shows the slightest signs of being soft as an evidence of ripeness, it is considered by them as unfit to eat. It is astonishing to see them eat hard, green peaches — clinching them in the fists, as a country boy does a hard apple, and biting off each mouthful with a loud snap. They eat their pears in the same way; cucumbers are eaten in a more unripe condition than with us even; and water-melons, which are so much inveighed against at home, are here eaten by all classes and at all times.

In fact, they seem to revel in those things which at home are considered so productive of summer-complaints; who does not recall the astonishment he has felt at the sight of country children of tender age eating green apples, green corn uncooked, and similar things, and yet suffering no ill-effects therefrom? These facts may not prove, perhaps, that unripe fruit is harmless; but, in connection with the other statements, they do show that the removal of sewage-matter from houses is the important point to consider, and that its removal insures an absence, or a less number, of cases of those diseases which enhance our death-rate at home, and lends an additional reason for the necessity of vigilance on the part of communities regarding these matters. — *Popular Science Monthly.*

LIQUEFACTION OF OXYGEN.—Students of chemistry will be interested by the following telegram from Professor Pictet, of Geneva, which was received this week by Professor Tyndall: “Oxygène liquifié samedi par acides sulfureux et carboniques combinés. Pression 320 atmospheres. Temperature, 100 deg. Centigrade de froid.” Hitherto, all attempts to liquefy oxygen have failed.—*Brit. Med. Jour.*

NURSING IN COLUMBIA.—Dr. André Posada-Arario sends to the President of the Society for the Protection of Infancy in Paris, a letter from which we extract the following passages: “There is neither law nor society for the protection of Infants in Columbia. The profession of wet-nurses does not exist here. Every woman, rich and poor, is accustomed to suckle her child until the signs of a new pregnancy appear, which happens ordinarily at the ninth month, so that each child is eighteen months older than its successor. There are a great many women giving birth, every eleven months, to chil-

dren who do well. Nursing does not interfere at all with procreation. Each marriage here (State of Antioqua, Columbia) produces 10, 12, or 15 children. There is one woman who has had 34 children, and they are all living (she had several times twins). Her descendents as far as the great grandsons comprise an immense number. I also know a man who has been married three times, and can count already 51 children. His wife is still young, and he may be able yet to reach 60. The women here marry early — from 13 to 16 years of age. They commence to menstruate at the 13th or 14th year.

THE INCREASED CONSUMPTION OF COCOA and its various preparations is due as much to its intrinsic value as a healthful and nutritious beverage as to the high encomiums bestowed thereon by the highest medical authority. Walter Baker & Co., the great chocolate manufacturers of Boston, point with pride to their record of a century. Beginning in 1780, with a determination to produce only the best and purest preparations in their line, this firm has so rigidly adhered to their high standard as to win the highest encomiums in all parts of the world. Medals, diplomas, first premiums have been awarded them everywhere; for French Chocolates at Paris, for German Chocolates at Vienna; but their great triumph is in the voice of the people, which demands their preparations to such an extent that they can really be purchased nearly everywhere.

PERSONAL.

REMOVAL. — The business association of the past three years between Drs. Chamberlain and Brick having been dissolved Jan. 1, 1878, Dr. Brick removes his office to No. 68 Pleasant Street, where he may be found at all hours, unless professionally absent. Regular office hours: Mornings, until 9 o'clock; 2 to 4, and 7 to 8 o'clock, P.M. Worcester, Feb. 1, 1878.

DRS. A. S. HUTCHISON and M. L. SWAIN have removed to No. 22 South Eighth Street, in Minneapolis, Minn.

J. C. GALLISON, M.D., has removed from Medway to Brookline, Mass.

E. B. HOLT, M.D., has removed from Chelsea to Brookline, Mass.

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PROVING OF *PHYSOSTIGMATIS FABÆ*.

BY WILLIAM E. PAYNE, M.D.

Presented to the Maine Homœopathic Medical Society.

GENTLEMEN,—I present the following provings of *Physostigma* (Calabar Bean) in fulfilment of the duty required of me as a member of the Committee on *Materia Medica*.

The symptoms recorded below, and those obtained by other persons, are a sufficient guarantee that the *Physostigma* will take high rank among the drugs of our *materia medica*.

The *Calabar Bean* was introduced into the old school *Pharmacopœia* in 1867. Its *physiological*, or, rather *toxic* effects, as seen by that school, are thus summarized by *Pereira*:—

“1. The *Calabar Bean*, when acting as a poison, may produce death, either by paralysis of respiration—*asphyxia*—or by diminishing the frequency of the heart's action, and then finally stopping its contractions—*syncope*. 2. The paralysis resulting seems to be due to an action upon the spinal cord as a *reflex centre*. 3. Its cardiac effect is most probably due, not to an increase of the inhibitory power of the *vagus*, but by paralyzing the exciting ganglia of the heart. 4. *Physostigma*, however, after a time paralyzes the motor or afferent spinal nerves, its action commencing in the peripheric extremities, like *conium* and *curara*. 5. The effects on the smaller blood-vessels are: first, contraction, and afterwards dilatation. Large doses at once arrest cardiac movements; smaller doses make them grow less quickly feeble. 6. The pupil is found alternately to dilate and contract;

at the moment of death it is contracted, but immediately afterwards it is dilated. Applied to the eyeball, it produces a somewhat painful sensation of tension in the ciliary region, contraction of the pupil, myopia, and astigmatism, with frequent congestion of the conjunctival vessels, pain in the supra-orbital region and twitching of the *orbicularis palpebrarum* muscle; and the *therapeutic* use, they thus summarize: beneficial in *erysipelas*, *various neuralgic affections*, *rheumatic fever*, *acute bronchitis*, *delirium tremens*, *tetanus*, *epilepsy*, *chorea*, and as an antidote in poisoning by *strychnine*. Its principal use, however, is as an external application in ophthalmic surgery, as it possesses the power of contracting the pupil when applied to the eye, producing an equally certain, although exactly the reverse effect of *Belladonna*."

In this we get some idea as to the poisonous power of the drug, and some hints as to its therapeutic use, but comparatively trifling compared with what the drug presents in homœopathic hands.

The breathless feeling, and inclination to make a deep and sighing respiration, as shown in the provings below, indicate that the *Calabar Bean* acts directly upon the *pneumo-gastric nerve*, striking at the very centre of life, and thus promising to become useful in those threatening diseased conditions which have so often resulted latterly in sudden death. It oftener affects the left than the right side of the body, and proved useful in a case where there was pain in the left iliac region, extending down the left thigh (outer side).

Dr. W. E. Payne, aged 58 years, temperate and active habits, 7 o'clock, A.M., Feb. 12, took 10 grains, 30th trituration (centesimal) of *Physostigma*, dissolved in a tablespoonful of water, fasting one hour; 12, M., sense of great fatigue (general) with fulness in forehead, and tendency to ache, mostly right side; face feels hot, flushed, and suffused, together with a general feeling as if a change to a lower temperature would produce a chill; appetite less than usual, with occasional nausea. These sensations continued throughout the afternoon. 8, P.M.,

shooting pains in left iliac region, — a few thrusts, with aching sensation down the outer side of the thigh of same side. Head continues to ache; and at 9, P.M., a feeling as if a hard body were lying in the stomach, like undigested food.

A sensation in the nasal passages, as if a fresh cold were developing, with several turns of sneezing; aching in joints of wrists and hands, also in the knees.

Feb. 13, 7.45, A.M., took 20 grains dissolved in water, and breakfasted an hour later. Just before sitting down to breakfast, a breathless sensation was felt at the pit of the stomach, together with a hard feeling as from undigested food. These sensations successively increased and decreased, generally momentarily, relieved by making deep inspirations. Deep-seated pain in the head all day; brain feels as if bruised when making a misstep. Fine pains around the lower jaw, right side.

Feb. 14, 8 o'clock, A.M., took 20 grains dissolved in water. An hour later had the same breathless feeling, as before, commencing at the epigastrium, together with the same hard feeling, as if from undigested food. A grumbling pain in right side of the head, and a general sensation as if it would increase, nevertheless it did not, but continued the same all the forenoon.

Feb. 17, 7.30, A.M., took 20 grains dissolved. 11-30, A.M., dull, heavy, bruising pain in the whole brain, but more in the left temple, with a general feeling of great fatigue, which continued through the afternoon till evening, and a general sensitiveness to cold, or change to a lower temperature. 6, P.M., a constrictive pain suddenly seized the left arm, extending around, and just above the elbow; and at 7 o'clock a similar pain (constrictive) around the left leg just above the ankle; pain intermitting. 7 1-2 o'clock, pain shooting under the knee of left leg, in the popliteal space, and a moment or two later it returned again. Still later a constrictive pain was felt on the other side, or inner side of the left leg, just above the ankle. The sleep during the night was undisturbed, and by the following day the symptoms had all passed away.

On the morning of the 21st of February, at 2 1-2 o'clock, was awakened by a severe pain in the epigastrium, just under the ensiform cartilage, extending upwards into the chest, and thence outwards into each arm. The pain at the epigastrium appeared as if produced by a hard pressure against the lower end of the sternum, and this sensation of pain and pressure extended all along the attachment of the diaphragm to the lower border of the ribs, and through to the back, to about the fifth dorsal vertebra, with a sensation as though the pain was squeezed out into the arms,—aching at times, and at times quite acute. This pain was accompanied by frequent yawning and deep sighing respiration, occasional perspiration and great restlessness. The suffering was intense, and continued without intermission for about sixteen hours, notwithstanding the employment of several remedies, when at length it yielded to *arnica* ³⁰. taken in repeated doses.

The pulse was accelerated (96), usually 70. Headache in the right temple; at first a heavy, dull pain, which afterwards became pulsative and occasionally darting. Bowels greatly constipated, a very unusual thing with the prover. Frequent and tasteless eructations without relief, tenderness to pressure over the epigastric region during the severe pain. Flow of urine excessive, pale, and odorless,—some three quarts voided in the course of fourteen hours. During the pain very restless, no position seemed to afford relief. The night following, relief from pain, very wakeful—scarcely closed my eyes in sleep; thoughts very active—an idea started kept on with unusual persistency.

[The symptoms recorded from the 21st, I offer for further consideration. If confirmed by other provers I shall be willing to accept them as the genuine effect of the drug. They seem too violent and persistent for a drug so extremely attenuated.]

GALEN ALLEN,—a student of medicine of mature age, and in good health,—took, March 11, 1874, 7 1-2 o'clock, A.M., about ten grains of the 3d centesimal trituration of *Physostigma*.

7.45, a rush of blood to the frontal and temporal regions. 8.30, slight nausea, weight in the stomach of undigested food, giddiness, sensation as if the brain were loose and rolling about in the head. 9, A.M., pulse variable, full, and strong, heavy pain in frontal region, worse from motion. 10.30, A.M., burning sensation in the stomach, with hot eructations; slight nausea. 11.30, A.M., darting pains in epigastric region. 12 M., griping pains in pit of stomach; giddiness. 1, P.M., pain in stomach continues, with giddiness. 2, P.M., darting pains in the head; stomach disturbed; slight nausea. 3.30, the griping pains at pit of stomach continue; darting pains in temporal region, worse from motion. 4.45, P.M., head still aches; giddiness; nausea, with cold feeling. 6, P.M., griping pains, and soreness in pit of stomach: dull pain and confused feeling in the head, aggravated by motion. 9, A.M., pain continues in stomach, when not asleep; feel sore all over; seem to have a severe cold; rheumatic pains in left side of neck and left shoulder. Took *Aconite*, which proved effective for relief.

Second Proving.—March 19, 1874, 6.30, A.M., took ten grains dissolved in water. 6.45, slight nausea; darting, transient pains in frontal and temporal regions, worse from motion. 7.15, griping pains in right hypochondrium; darting pains in frontal and temporal regions, worse from motion; deep sighing. 7.30, pulse variable; heavy feeling in the head, and darting pains through temporal region, worse from motion; giddiness; slight nausea; sighing. 9, A.M., griping pains in the stomach. 10, oppressed sensation in the stomach; slight nausea; giddiness, worse from motion; better in open air; darting pains in right hypochondrium; constricted feeling in the head, as though something was tied around it.

11, A.M., soreness and transient pains in epigastrium; soreness and pains, as from rheumatism in left side of neck; pulse variable; giddiness; stomach unsettled; sighing; soreness in lumbar region.

2, P.M., transient pains in the stomach, and sensation as from undigested food; acute pains in left elbow, darting from thence to fourth and fifth fingers [these

pains seemed to begin in the left side of the neck and elbow, and thence extend to the left leg, locating in the left knee, and were constant for hours]; giddiness; head feels constricted.

- 3, P.M., griping pains in epigastric region, which is sore to touch; darting pains in the head, worse from motion; pains in the elbow (left) continue.

8, P.M., giddiness has been a constant symptom. 9, P.M., trouble in epigastric region continues; soreness in lumbar region, with dull, heavy pains; slight feeling of paralysis in left side throughout.

March 20. During the previous night was awakened two or three times with darting pains in cardiac region, with a sensation as of undigested food in the stomach, and a feeling of paralysis in the left side; urine light colored, and quite large in quantity; stool lumpy and mingled with watery discharge; soreness, and pain continue in the epigastric region.

10, P.M., slight giddiness and nausea all the afternoon; dull pain in the head; heavy pains and soreness in the lumbar region; constipated (very unusual); urine light colored and abundant; a severe, heavy pain in the lumbar region has followed me all day.

Mrs. A. took ten grains 3d centesimal trituration, and experienced sharp pain in left side of the head, and afterwards in the right side; pain in the left arm, then in right side, in region of liver, extending thence to right shoulder. Two days later had hard pain in the stomach.

The fear of serious consequences deterred this prover from going forward.

A MORNING'S EXPERIENCE IN OBSTETRIC PRACTICE.

BY C. H. BURR, M.D., OF PORTLAND, ME.

Read before the Maine Homœopathic Medical Society, May 23, 1877.

EARLY in the morning of July 10, 1876, the husband of a lady whom I had been engaged to attend in her expected confinement, called on me to say that his wife

would like to see me soon. I inquired if she had had pain, and the answer was, that she had not, but was feeling somewhat uncomfortable. As breakfast was ready, I thought there would be no risk in waiting long enough to partake of some food, before commencing the work of the day.

I had not proceeded far in this ceremony, when another messenger came, and said that I was wanted immediately. I made all possible despatch, but before I reached the patient's house, the child was born, and a friendly neighbor had washed and nearly dressed it. The placenta was not delivered when I arrived, but was easily removed. The mother was lying on the bed, in the same clothing in which she had been doing her morning's work, not having had time to make any preparation for the event. She was alone in the room when the child was born, and not hearing it cry or make any noise, she raised herself, and, on examination, found quite a thick membrane drawn over the head and face of the child, after removing which the baby cried lustily, and the mother was happy.

Such an event as is here mentioned, is not unusual. This lady had a similar experience when her first child was born, but, on that occasion, there was quite an extensive laceration of the perineum, which was not discovered by the physician who arrived in season to deliver the after-birth. Consequently, no knowledge of the rupture was obtained until too late for an immediate operation. The healing of the wound was favored as much as possible by keeping the parts in apposition by the aid of compresses and bandages; but union was incomplete, and it was thought necessary to resort to an operation, which was the usual method of freshening the edges of the wound and uniting them by sutures. The parts united satisfactorily, and the patient has never experienced any inconvenience from the accident in her subsequent labors.

Child-bearing with this lady seems to be as easy, and to occasion as little discomfort, as in any case I have ever met. She disdains all rules, and accepts but few suggestions. After this last labor she insisted on sitting up

when the child was but three days old, and went down stairs at the end of seven days, and apparently suffered no inconvenience from her activity.

As I returned home from this case, I found a man at the door leaving a request that I would go immediately to his wife. I knew it was about the time of her expected confinement, and responded to the call with a great many doubts and fears as to what the result might be.

About six weeks previous to this, I had been called to see her, and had found her in a very unpromising condition. It was the third pregnancy within a period of five years. She had never had a robust constitution, but was pale, thin-chested, stooping in form, predisposed to bronchitis, and to palpitation when she made much exertion. In her two previous labors, she had disappointed me by doing much better than I had expected.

She complained when I saw her of a dry, hard cough, shortness of breath, and almost entire inability to move about, in consequence of a suffocating sensation produced by violent palpitation of the heart. The urine was scanty and albuminous; the feet, legs, hands, and face swollen; her complexion was pale and waxen; she could not lie down, but spent her nights in an easy-chair, or propped up on the end of a sofa; her appetite was poor and the bowels obstinately constipated. Such, in brief, were the unfavorable symptoms which were prominent, on the occasion of my first visit. I know of but one condition which gives the physician in obstetric practice, more anxiety than does such a case as I have described, and that is *placenta previa*. In the former case, we may *hope* to get through without trouble; in the latter, we are very sure to have it. The treatment of this case, previous to confinement was measurably successful; the amount of urine was increased, the quantity of albumen diminished, and the oedematous condition of the hands and face partially removed.

The first prescription was *Merc. Corr.*, followed by *Arsenicum*, *Asclepias Syriaca*, and *Apis Mell.* In the treatment of Albuminuria, *Merc. Corr.* occupies a very

important place, and has frequently been given by the writer in cases similar to the one described. It may not be able to remove all the bad symptoms, but will generally produce an improvement which may be followed up by other appropriate remedies. *Asclepias Syriaca* has on three different occasions, as I am quite confident, prevented one patient from having convulsions at the time of accouchement.

The prominent symptoms which have led to its selection, were those of scanty, dark-colored urine; severe aching pains in the lumbar and sacral region; paroxysms of a kind of bursting headache, with red face, and a general oedematous condition. *Arsenicum* and *Apis* have many symptoms in common in dropsical affections. We are taught that it is frequently easy to determine which remedy to use by the presence or absence of thirst.

It may well be imagined that when the summons came to attend the patient, I responded with many misgivings as to the termination of the case, but all doubts as to the period of labor were soon removed, for when I entered the patient's house, I found her on her knees by the bedside, the child already delivered and resting on the floor. After the removal of the placenta, she was placed upon the bed in the usual position, but she sprang up and said she could not breathe; the heart was beating violently, although the pulse was feeble at the wrist. Pillows were placed at her back, until she was brought into an upright position. It being contrary to all rules and regulations to leave a parturient patient in such a position, an effort was made to remove some of the supports at the back, but it could not be done, and she was allowed to remain in that position four days and nights, at the end of which time she was able to recline a little, but it was fully a week from her confinement before she could rest her head upon the pillows.

Her convalescence was in every respect much better than I anticipated. There was no unusual flowing; no prolapsus of the uterus; in fact she seemed to suffer in no way from the unusual position.

The kidneys soon resumed their normal action; she

voided large quantities of urine; her face assumed a natural expression, and everything went on favorably for a week, or up to about the time when she was able to lie down, when the flowing became more profuse, with pain in the back, extending to the pubis. *Sabina* very soon controlled the hemorrhage, and wonderfully relieved the action of the heart.

At the end of four weeks she was as well as she has usually been after confinement, and has remained in good health to the present time.

VAGINISMUS.

*Read before the Massachusetts Surgical and Gynæcological Society by
H. K. Bennett, M.D., of Fitchburg.*

THIS affection is not of very frequent occurrence, yet one having a fair gynæcological practice, will meet with quite a large number of cases.

It consists in an hyperæsthesia of the nerves of the vaginal mucous membrane, which, upon irritation, produces a spasmodic contraction of the sphincter vaginæ muscles. The cause may arise from many pathological conditions of the vagina, uterus, or contiguous parts, but more frequently it arises from an excessive irritability of the nervous system, as is often seen in hysterical women. The most prominent symptom of vaginismus is dyspareunia—an expression used by Dr. Barnes to denote extreme pain on sexual intercourse—which condition is apt to entail the most serious disruption of conjugal relations.

The treatment consists in removing the cause. Dr. Willard Parker reports a case which was due to an irritable caruncle of the meatus urinarius no larger than a flaxseed, a removal of which resulted in a cure. This case admonishes us when called upon to treat this distressing complaint, to make a thorough digital and ocular examination and ascertain its cause, a removal of which will put an end to all suffering. Many cases, however, will arise, when the closest examination will yield nega-

tive results. Still sexual congress cannot be borne ; even upon digital examination, the sphincter will be thrown into such a spasmodic condition as to prevent the finger from penetrating more than an inch, or even less. Such cases are dependent wholly upon an hyperæsthesia of the nerves of the vaginal mucous membrane, as before mentioned.

Drs. Sims, Barnes, and Sir James Simpson recommend a surgical operation in such cases.

Scanzoni has treated over one hundred cases without recourse to the knife. His treatment consists in complete sexual abstinence, warm sitz baths, and, after a few days, painting the vaginal walls with a solution of Argenti nitricum, ten to twenty grains to the ounce of distilled water, and the gradual dilatation with a graduated series of glass bougies. Dr. Tilt deprecates the resort to the knife, and gives preference to forcible stretching and dilatation. Prof. R. Ludlam recommends total abstinence from coitus, dilatation by means of medicated bougies and the internal use of the indicated remedy. My experience in this disease, although limited, confirms the opinion of Scanzoni, Tilt, and Ludlam, that recourse to the knife is rarely if ever necessary ; that, by the use of our internal remedies, such as Belladonna, Cimicifuga, Hyoscyamus, Ignatia, Mercurius, Pulsatilla, Sepia, etc., according to indications, forcible stretching, dilatation by bougies, cotton tampons saturated with glycerine, and vaginal washes, we shall have no trouble in curing this painful affection.

During the summer of 1876, Mr. W., recently married, consulted me relative to his wife. He informed me that he had not had a successful coitus with her since his marriage ; that the attempt to do so would cause such a spasmodic contraction of the vagina as to preclude the entrance of the male organ further than one or two inches, which caused great pain and suffering. Upon making a thorough examination, I found the uterus in a healthy state and a normal position ; but the mucous membrane of the vagina was in such an irritable state, that the contact of the finger would throw the sphincter muscles into such spas-

modic contraction as to require considerable force to enable me to introduce my index finger as far as the cervix uteri. I now, with great difficulty, introduced my two thumbs, back to back, into the vagina, and forcibly separated them, thus putting the vagina on a stretch, and maintained this stretching from three to five minutes; this caused great pain, extorting shrieks, but no hemorrhage followed, as is usual in such cases. This forcible stretching was repeated every second day, some five or six times; gave *Cimicifuga* ^{1 dec.} internally, and used a vaginal wash of tannic acid and glycerine daily. My patient was cured within one month, and soon became pregnant.

DIABETES.

BY J. K. WARREN, M.D., OF PALMER, MASS.

Read before the Massachusetts Homœopathic Medical Society.

WHAT really constitutes the true disease diabetes, always has been, and still is, a mystery. After referring the seat of it to almost every organ in the body, the majority of authors have come to consider it a hepatic disease, and attribute the sugar found in the urine to be the result of an excessive secretion by the liver.

In a state of health the liver secretes not only bile, but sugar also; and as the bile is transformed in the intestines, so the sugar is decomposed in the blood. This is shown from the fact that sugar is found in considerable quantities in the liver, and in the blood of the hepatic veins, and in the right side of the heart, but not in the pulmonary veins, or in the blood of the general circulation, except from four to six hours after digestion has commenced, when it is produced in the liver so much faster than it is decomposed in the blood, that it appears slightly in the general circulation: it does not, however, make its appearance in any of the secretions.

Again, if we inject liver sugar into the circulation it is readily decomposed.

In diabetes, then, either the liver secretes an abnormal

quantity of sugar, or the blood fails to decompose it. If the former were true, would it not be reasonable to suppose that a disease which produces death would cause some characteristic symptom or condition of the liver which would be present at least in a majority of cases, whereas, on the contrary, the liver is as often found in as healthy and normal condition as any organ in the body.

Just what the process is by which the sugar is decomposed is not known, but according to "Dalton's Physiology," it is first converted into lactic acid, which decomposes in turn the alkaline carbonates, setting free carbonic acid, and forming the lactates of soda and potassa.

It is known that using large quantities of ether, alcohol, or chloroform will produce sugar in the urine. It occurred to me that it might be because these substances (ether, alcohol, and chloroform), hindered the formation of lactic acid; I therefore tried a number of experiments, one of which I will mention.

I took four two-ounce phials and filled them with fresh milk; into the first, I put twenty drops of ether; into the second, twenty drops of alcohol; and into the third, twenty drops of chloroform; and the fourth was clear milk; then corked the phials tightly, and exposed them to a temperature of from seventy to ninety degrees. The clear milk soured in twenty-three hours; that containing ether in thirty-five hours; that containing alcohol in forty-eight hours; and that containing chloroform remained three weeks before any trace of acid could be found, by the use of litmus; and now, at the time of writing, it has been there two months, and has not thickened yet.

I tried a number of experiments of this kind, and with various quantities, and always with the same result; only the more ether, alcohol, or chloroform used in proportion to the milk, the longer it remained sweet, showing that these substances do hinder the formation of lactic acid.

During the past few years there have been a number of cures reported from homœopathic and allopathic sources

by the use of lactic acid, and I have been fortunate enough to have two such cases in my own practice.

I noticed in the July number of the *NEW ENGLAND MEDICAL GAZETTE* an item taken from the *Boston Medical and Surgical Journal* recommending forced muscular exercise as a remedy for diabetes, saying that it would reduce the amount of sugar in the urine.

The muscle acid is lactic acid, and muscular exercise increases it, and the more lactic acid in the system, the better the digestion and assimilation, and, consequently, the less sugar in the urine.

Diabetes is a slow form of starvation. It does not matter how large quantities of food are taken. If it is not digested and assimilated, no benefit will be derived from it, — and this accounts for the excessive hunger and thirst; and I think that, if we are accurate, we shall find that the amount of urine voided corresponds with the amount of liquid taken.

How then does lactic acid cure?

The sugar failing to be decomposed, digestion is interfered with, and, so long as we do not know what that element is which is essential for the transformation of sugar to lactic acid, we supply the acid, and digestion is carried on from this point; and the food being assimilated, the system becomes strengthened, and nature re-establishes herself and supplies that element, whatever it may be, which has the power of changing the sugar to lactic acid.

PUERPERAL CONVULSIONS.

Read before the Maine Homœopathic Medical Society, by M. S. Briry, M.D., of Bath.

Four or five years ago at our annual meeting, I read a paper on puerperal convulsions, giving six cases, all of which recovered.

Since then it has been my misfortune to attend and treat three women in puerperal convulsions, two of which

cases terminated fatally. Two of the women were pregnant for the first time. All three were seized in convulsions before labor commenced, and before the full term of gestation, the first about the end of the seventh month, the second, of the eighth month, and the third, near the end of the ninth month.

Case 1.—Mrs. H, aged forty-two years, had been married some five or six years, large stature, quite muscular, rather coarse features and dark skin, irritable disposition. June 28th, about 2 o'clock P.M., she was seized with convulsions, and as the women present said, "she had a terrible fit." Jactitation of the limbs and body, contortion of the face, which was nearly black, the head drawn to one side, saliva and blood running from the mouth, the tongue having been bitten, stertorous breathing, and entire loss of consciousness.

When I first saw the patient she was coming out of the second spasm, having been about an hour between. Up to the afternoon and evening of the day before, she had not complained of any particular ill-feeling, but then she had a severe pain in the head, with vomiting, and the urine was very high-colored—almost as red as blood. Her mother said "she thought it was bloody."

As soon as the spasmodic action of the mouth and throat subsided so that she could swallow, I put half a tea-spoonful of *Tincture of Gelseminum* into a goblet half full of water, and gave her a tea-spoonful, and repeated the dose every fifteen minutes for an hour. By that time she could speak, and recognized those around her, and wished to know what had happened to her. The same medicine was continued at longer intervals through the afternoon and night.

There were no more convulsions, and only a few times a sudden starting of the body and limbs. Saw her again the next day, 29th. She complained of feeling sore all over as though she had been bruised, and her tongue very sore and swelled. "She could not see why her tongue should feel so bad." We did not inform her. Continued the *Gelseminum* in smaller quantities and at longer intervals, also a few doses of *Arnica*.

The next day, 30th, some forty-four hours from the time of the first convulsion, she had labor pains regularly and with some force, and in four hours she was delivered naturally of a still-born child, without any symptoms of further convulsions.

Case 2.—A young woman about twenty years of age, light complexion, very fair, delicate skin, regular features, well-developed form, plump, graceful—amiable disposition.

As there is something of a history connected with this case, a brief allusion to some of it may be proper. Some three months before I saw her, August 9th, two physicians had been attending and prescribing for her on account of suppressed menses, neither of whom had informed her, if they knew or suspected that she was pregnant. (At this time she was not married.) She had taken considerable medicine, and because her breasts were enlarged and tender (the *mammæ* were largely developed), fomentations, poultices, and camphorated oil had been applied.

After some questions, and having examined the breasts, I asked her if she wanted a candid, honest opinion from me as to her condition. She said she did. I stated to her plainly that she was in "family way." At the same time advised her to be married immediately, and stop taking medicine unless she should be sick. As soon as the requirements of the law could be complied with she was married.

As she was not my patient, I saw nothing more of her until the 11th of September, when I was called to prescribe for her on account of some difficulty in passing urine, for which *Cannabis sativa* was given.

Did not see her again until November 30, about noon. The woman present with her said she had a "spasm, or something," and from her statement and the appearance of the patient I came to the conclusion that she had been convulsed. She could speak, and complained of pain in the head. Her face was swelled, and there was oedema of the feet and legs. She did not complain of any pain in the back or through the womb.

Gave her *Gelsemium*, first decimal dilution, a few drops in half a tumbler of water, two teaspoonfuls to be repeated every half-hour.

About an hour from the time of the first convulsion, she had another and more severe, and continued to have them all the afternoon.

She was not conscious after the second one; and it was almost impossible to get any medicine into her mouth, as her teeth were firmly set together, and when anything was introduced into the mouth, she would not swallow.

In the evening, from her motions, and by placing my hand over the womb, I concluded she was in labor, and, on making an examination, found the os uteri somewhat dilated. About 2 o'clock, A.M., December 1, she gave birth to a still born child; and from the appearance should judge that it was an eight months' child.

During the labor, which was some four hours, there were no convulsions, nor were there any for some two hours after the labor was completed. About twenty-four hours from the first convulsion death put an end to the struggle.

During the first hours of the attack *Gelsemium* was given. After that, *Aconite*, *Opium*, *Veratrum viride*, and *Belladonna*. After the first dose was given, I think very little if any medicine went into the stomach.

I have since regretted that I did not give at first the *Gelsemium* in larger quantity.

Case 3.—Mrs. P., aged forty-three years, married, mother of five children, active, large, angular, light complexion, nervous, sanguine temperament.

This her sixth pregnancy; expected to be confined about the middle of the present month. Says she has not been quite as well as usual for some weeks, but did not think it necessary to call a physician.

Saturday evening, May 5, took her supper as usual, eating some baked beans, and just before going to bed ate two figs. Soon after she was taken with a severe pain or distress in the stomach, for which she took some peppermint and other articles of like nature. Not getting

any relief, after some three hours, or about 1 o'clock, Sunday morning, she sent for me. Supposing she had taken something into her stomach which caused the pain, I first gave her some *Nux*³⁰. Afterwards, there being some nausea, gave *Ipecac*³⁰. She then drank a cup of warm water, and soon vomited. The ejected matter was sour. There were frequent eructations. I remained with her some two hours, when she felt better, and went to sleep and slept the remainder of night. In the morning, after taking a cup of tea, the pain returned, and she vomited up the tea.

I saw her again soon after 9 o'clock in the morning; the pain continuing, though less severe, gave her *Nux* again, and as she complained of some headache, left *Aconite* to be given in alternation with the *Nux*. The pain became less, so that she went to sleep.

About half-past 11, A.M., she was seized with convulsions. Her husband immediately came for me, and in a few minutes I saw her. She was lying still on her back, breathing heavily; but by shaking her and speaking loudly, I roused her enough so that she could answer some questions.

Soon another convulsion came on, commencing with the eyes, then the head drawn slowly to the left side, then the arms extended, the hands and wrists strongly flexed, then the spasms became general, with frothing at the mouth. The spasms were followed with stertorous breathing, which continued during the intervals between the convulsions. After the second convulsion she could not be aroused to consciousness.

From half-past 11 o'clock, A.M., to 2 o'clock, P.M., she had seven convulsions. Then there was an interval of three-quarters of an hour, followed by one convulsion less severe, then two hours and a half and only a slight spasm, which was the last. Before this I discovered that there was complete hemiplegia of the right side.

About 6 o'clock there began to be contractions of the womb, and restlessness, the breathing more rapid, with mucous rales.

The os uteri dilated quite rapidly, and at 8 o'clock

she was delivered naturally of a still born child. The child was small, whereas her former children had been large at birth. Her former labors had always been easy and short.

For a short time after the expulsion of the child she breathed more naturally, but soon showed that life was at its close, which occurrence took place a few minutes past 9 o'clock in the evening, about twenty-three hours from the time she first felt the pain in the stomach.

Treatment: *Tinct. Gelseminum*, half a teaspoonful in a tumbler half full of water, two teaspoonfuls every half-hour, or immediately after each convulsion. This was continued some time, but without any marked results. *Sulphuric ether* was administered by inhalation without making any perceptible difference in the condition of the patient.

Hyosciamus was given a few times, also *Belladonna* and *Opium*.

During labor she had *Caulophyllum* twice, and *Ergot* once, and *Aconite* once. The last two hours, gave some whiskey in water a few times. There was not much difficulty in deglutition nor in putting anything into the mouth, except at times during expiration the medicine would be blown out of the mouth.

It is not worth while to spend time in stating the probable pathological condition of the case, except to say there was probably effusion into the brain sufficient to cause the paralysis.

The question arises: was the gastralgia and vomiting the exciting cause of the convulsions, and hence the lesion of the brain, or were they only the expression of a diseased condition of the brain terminating in paralysis and death?

THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, APRIL, 1878.

THE graduating exercises of the Class of 1878, of the Boston University Medical School, took place in Tremont Temple, Boston, on the afternoon of March 6, before a crowded audience. The exercises consisted of salutatory and valedictory addresses by members of the graduating class; valedictory on the part of the Faculty, by E. B. DeGersdorf, M.D., Professor of Pathology; report of the Dean; address in behalf of the University, by the Hon. Edwin Wright; awarding of diplomas, and music,—a full report of the proceedings is given elsewhere.

The report of the Dean, I. T. Talbot, M.D., showed the school to be in a prosperous condition. By far the most noticeable feature of his report however, was the announcement that the term of study at this school, would be extended from three to four full years, an examination being held at the end of three years for the degree of Bachelor of Medicine; the full degree of Doctor of Medicine, not being granted till the completion of the fourth year's study. We cannot but regard this as the greatest and most progressive step this school has yet taken, and one which rightly and rigidly adhered to, will make it the foremost medical school of the country. That the greatest or, indeed, any benefit should be derived from this procedure however, one more step in advance, in our judgment, seems absolutely imperative, and that is, *a decided elevation* in the standard, and the *most rigid adherence* to the preliminary examination of those who desire to become matriculants of this school. No man or woman should ever be allowed to enter its doors as a student until he or she has passed the preliminary trial and attained a creditable per cent. If considered advisable to admit students on "conditions," these conditions should be restricted within the narrowest possible limits, and their fulfilment be *insisted on absolutely* by the examining committee, within a reasonable time, and before the student so conditioned be allowed to receive his or her matriculation papers. The standard for admission cannot be too high. It is suicidal to object that a high standard will turn men and women from its doors, and discourage them from entering the profession. They *should* be discouraged, until such time as they

are qualified and able to study that profession with advantage to themselves and honor to their Alma Mater. But such a course will not drive students away but attract them, and the best of them, for the true, earnest student naturally turns to that standard which will tax his already acquired knowledge to the utmost, as a guarantee that the attainment of such standard will ensure him the better work and advantages thereafter. Admission to any school under such severe conditions will be felt to be an honor, and a token of ability and earnestness of purpose; it will be sought after and gained by the best minds, and thus that spirit of stimulation and healthy competition will arise, which is a natural sequence of the contact of two good intellects, and which cannot fail to reflect credit and honor upon the college to which they belong and materially assist her to rank among the foremost.

Boston University stands before the world to-day, a marvel of intellectual strength and rapid growth. Its schools of Theology, Law, and Science, stand second to none in the country, not even those endowed with greater social influence, and blessed with the heritage of an honorable antiquity. It is continually attracting to itself the best students from all parts of the country. The prime reason for all this is to be found in the fact that the standard of admission is such that none but the best dare attempt it. Medicine is second in importance to neither Theology, Science, nor Law; the requisition of those desiring to study it, therefore, should be as great as of those entering the other departments of the university. With a far more rigid preliminary examination, then, we believe the extension of the course to be of inestimable advantage, as affording more careful study and thorough research. Without it we fear it would but offer a premium to the poorer qualified student as affording him not *more work* but *more time*. The ultimate best success of the school demands that as great care and discrimination should be exercised in the selection of those admitted within its precincts, as is exercised in the determination of those who shall be permitted to graduate.

COMMENCEMENT OF THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.

THE Fifth Annual Commencement of the Boston University Medical School was celebrated at the Tremont Temple, Boston, on Wednesday, March 6, on which occasion a class of forty-two ladies and gentlemen received the degree of Doctor of Medicine.

The hall was filled to its utmost capacity by the friends of the school. The exercises were opened with prayer by the Rev. Dr. Bartol. The Dean, Dr. I. T. Talbot, then delivered the annual address, for which, as well as for the address of the Hon. Edwin Wright, we are indebted to the report which appeared in the *Boston Journal*. The remarks of the Dean were as follows : —

“To-day forty-two persons are to begin their life of professional practice, and if they should average each but a single patient a day, it will give 15,330 a year, and in the twenty years of average professional life, exceed 300,000 persons, who will suffer or rejoice in proportion as these graduates of to-day have been prepared for the responsibility they are about to assume. With such momentous interests pending on this hour, it is not strange that this hall is now filled, and even remarkable that the public do not exhibit a still deeper interest in, and demand more from, medical schools, and do more to give them the necessary support.”

He compared the requirements of the school with some of the older ones. In this, three full years of hard study are demanded, while many schools give in reality but thirty-two weeks in which to learn the whole science and art of medicine. The change in this school which has lengthened the time of instruction each year to eight months, instead of four, and which now requires actual attendance during the three years, has wrought an entire change in the attainments of the student, and the Dean called attention to some of its results. “Anatomy forms the foundation of medical knowledge, and a large portion of the expenditure of this whole school has been devoted to instruction in this department. To each student has been demonstrated, over and over again, the osseous, muscular, arterial, venous, and nervous system, and every bone, muscle, ligament, nerve, artery, and vein in the human system has been studied distinctively and relatively. More actual time in study has been given to this subject than formerly was required in the whole medical curriculum. With similar thoroughness has been taught histology, which, by the microscope, shows the minute anatomy and intricate structure of all the tissues ; chemistry, which has made such strides in the last century, that even the student is now more proficient than the professor of former times ; medical chemistry, which, in so many instances, detects disease at its very outset ; and physiology, which, in its intimate relation to medicine, is setting forth new and important facts to the physician. Then, too, surgery has made great advance through improvements in mechanical appliances, as well as a better understand-

ing of its pathology and the administration of homœopathic remedies in connection therewith. All these are taught with great care in this school.

“Pathology, or the knowledge of disease of every kind, has laid aside many of its past vagaries, and to-day gives the physician greatly increased power, while *materia medica*, its hand-maiden, purified and rendered serviceable by the life-long and long-life labors of the gifted Hahnemann, gives, by the aid of the Homœopathic Law, the power of healing disease such as Expectant Medicine never accomplished, and Heroic Medicine never imagined. In accepting this greatest advance which at one step our science has ever made, and taking our students out of the shifting ‘currents and counter-currents’ of ancient medicine, and in teaching them a method of cure in accordance with law, we are certain of your hearty approval and support.

“I might speak of the other general and special studies of the school, of the affections of the chest, the throat the ear, the eye, of the manifold diseases of children, of sanitary and hygienic laws, all these, in their multiplicity, have been carefully studied by the class which we present to-day. With all these studies which I have so briefly hinted at, does it seem strange to you that three years is a short time to devote to them? So it is, and so it is felt alike by all the Faculty and students, and many of this class will require weeks of rest after this day is over. One is even now prostrated on a bed of sickness with nervous fever, and another, whose name is designated with a star, has within a week closed his life, shortened, undoubtedly, by his great mental exertion, and whose last wish was, to live till this day, that he might receive his diploma with his class.

“In view of these considerations, this Faculty have sought relief from such severe requirements, and have unanimously decided to add another year to the course of study, making it four years instead of three as at present.

“Thus one hundred and thirty-two weeks of instruction will be given to the future graduates who may choose the full course.

“The studies will be more systematically arranged, and it has been proposed by the President of the University, that those students who pass a successful examination in the required departments may, at the end of the third year, receive the degree of Bachelor of Medicine, or Bachelor of Surgery as they may elect, and at the end of the fourth year, the full degree of Doctor of Medicine. During this fourth year, under the immediate supervision of the Faculty, every

student will devote a large share of his time to the practical study of disease, and devote time to the care of many of the thousands who come to our dispensaries for relief. Thus will the poor be tenderly and skilfully cared for, and the graduates of this school go forth into the community learned and to some extent experienced physicians. Such increased medical instruction I trust you and the community will approve. The prosperity of the school, the past year, has been very satisfactory. Yet the number of students is nearly as large as the previous year, though a more rigid entrance examination, and the requirement of the attendance upon three full courses of lectures, instead of two, have diverted some students to schools of a lower standard. The number at present is 170, of which 117 are men, and 53 are women. Of these there are in the post-graduate class, 1 man and 1 woman; in the senior class, 32 men and 18 women, 45; middle class, 33 men, 16 women, 49; junior class, 43 men, 16 women, 59; general course, 8 men, 4 women, 12; special course, 2 women. While the number of students continues large, the school has in every other respect made satisfactory progress.

“After an experience extending over a period of five years, I must again heartily express my approbation of the system of medical co-education of the sexes. I need add nothing to what I have already said of the restraining and elevating moral effect which the sexes exert upon each other. Nothing has occurred to change this opinion, but a longer observation has strengthened it. In regard to the question often raised of physical endurance and mental superiority, I think it is to a great extent one of individuality rather than of sex. It happens that the two deaths which have occurred in the school have been of men, and a larger number of men have been obliged to relinquish their studies than women. Thus my observations, so far as they go, tend to confirm those so carefully made and published by President Bascom of the Wisconsin University. It will be well, when everyone; male and female alike, ceases to transgress the laws of health in the matter of over work. In the class which graduates to-day, the highest rank is held by a man, while the second in rank is a woman. Of the seven highest, four are women and three are men. Concerning the relative intellectual acquirements of the graduating class, it is remarkable that, in the aggregate examinations of the seventeen professors, the standing of the men and women is almost exactly the same, differing but one-seventeenth of one per cent. in favor of men. The average of the *whole* class is 77 9-17 per cent. Of the theses by this class the one exhibiting the greatest originality of thought and re-

search is by a woman. These conditions are very likely accidental, but they go far toward proving the equal physical and mental capability of women to master, by a severe and long-continued course of study, a difficult but honorable profession, which, let us hope, their presence will do much to improve and elevate."

The Salutatory was by Leila Gertrude Bedell. This was an innovation upon the customs of the University, and was created as an honor to Mrs. Bedell, whose rank was very nearly as high as that of Mr. Chase, who stood at the head, and was delegated valedictorian. Her thesis before graduation was on "The origin of the two nervous systems, the basis of sex and of man's dual physical nature." It was an exhaustive paper. In her salutatory were some finely expressed reflections upon the relative positions of medical students and practitioners; upon the responsibilities of the profession in its relation to the community; the basing of claims upon true worth; upon loyalty to the peculiar school to which they belong, etc.. After tracing the source of the changes in medicine, incidental to the new theory and practice, she addressed the Faculty, saying, "You have nourished us so tenderly, you have done for us so nobly thus far, that we rest with supreme satisfaction in your care, and await, at your pleasure the final and finishing stroke by which we shall be raised into this 'eminency above our former selves,' trusting that when all is over we may still remain the objects of your professional interest, and that above all things you will prescribe for us rest and position — 'absolute rest' and a lucrative position."

The address of Judge Wright, which was a masterly effort, is as follows:—

Ladies and Gentlemen, Graduating Students of Boston University Medical School:

This interesting moment finds you standing just at the threshold of the open door that leads from the narrow confinements of the college walls to the wide liberties of the world—from the quiet study of a self-contained and decorous system of science to a rough and open conflict with thoughts, both the wisest and wildest—from the receptive docility of pupilage to the obtrusive brusqueness of self-assertion.

Doubtless you are conscious of hearts full of radiant hopes, of brains stirring with noble purposes, and of hands ready for unaccomplished exploits; and into this germinative instant I am permitted to drop the parting counsel of the University.

Let it be a thought or two upon perhaps one of the most significant words in the English language—"Toleration,"—a term that may be said to have three potential factors: The human intellect, the finite, capable of only fragments of knowledge; the Divine wisdom in creation and enactment, the infinite, that surpasses the utmost reach of the human mind; and between these, the journeyings of the eternities, onward, upward, through larger, wider, grander truths, toward the ultimate fullness.

Let me venture to paraphrase the word, as the belief that somebody does or may know something which you do not know, and a liberality of spirit and charity of action that shall keep companionship with the belief—and thus defined, it has its special application no more to you than to me, and to us all.

It is a great accomplishment calmly and lovingly to see new truths open up beyond us, such as must reconstruct our studied habits and law of life; it is a munificent virtue to give the hospitable welcome to some new science, that makes our accepted theories false and worthless: to embrace the apostle that brings to naught the works of long and consecutive lives; it is a divine heroism humbly and worshipfully to accept the Christ of any new redemption that lets in the light upon our gross faiths; and yet to do so is the veriest summit of true scholarship, the crowning element of manhood, and the one only solvent of human jealousies and human bickerings. And it is toward this top-land of outlook and peace that we invite you to ever ascend—to hold the fragment that you have, as but the prophecy of the fragment that you have not.

The progress of science, art, law, invention, and faith for the last five decades has been such, so wide and embracing in its outlook, so radical in its accomplished revolutions, so astounding in the instrumentalities of its service, that we should suppose the human mind might, even in this short time, have learned to be watchful for ideal changes and novelties of progress; might have learned at least to hold the shackles of every sectarianism and the dogmas of every creed of but ephemeral values. But the ugly facts of the day dispel the charm of this illusion, and send up the call for an enlarged and generous toleration with an augmented emphasis.

In the church the question is pending, whether a large and respected body of admitted Christians shall not be declared outcasts and unworthy of religious fellowship, simply because a little larger love and a more luminous faith permits them to share a memorial with those who ascribe to one single word a different sense from what

they do. Absoluteness of the right idea is here assumed, and toleration is excluded.

This intolerance is familiar history. It has grown into the mountains of France and Scotland; it has soaked into the lowlands of Holland; it is hieroglyphed in the dungeons of Spain and the catacombs of Rome; it has stalked along the barren coasts of Massachusetts. God has transmitted His nature to us in colors, mirrored in floral beauties, and spangled with starry lights; and His heart and truth speak to us from the shifting winds, from the out-bloomings of providential history, and the sparklets of evolving science; but yet, a single word, the tiniest atom of the dust of language, is made huge and imponderable as the Himalayan Mountains, and the breath of tolerance suffers suppression.

I thus early suggest to you the cause and diagnosis of this mental asphyxia, that you may be ready to provide and administer the remedy of an open, docile soul.

The State, in its highest, as well as its lowest interest, is full of the spirit and the misfortunes of intolerance.

Take your own profession, and especially your place in it, and tell me if it is not significantly true of it, that you are received and welcomed as in good standing, or expelled as heretics, not because you are unskilful in the actual cure of disease — not because you are ignorant of physiology, or anatomy, or *materia medica* — not because you are inexpert in the diagnosis of symptoms, but because you do not subscribe to some given law of cure — and a law which no man ever has, or can prove true, as the law of cure — for not only has it become an admitted fact by the foremost medical scientists, that there is no uniform and universal law of cure, but that, as Dr. Scott has ably shown, the laws of cure, like the laws of nature, are many and various, correlated strands of one woven cord. Paracelsus of Basle, who was called the greatest fool of physicians and the greatest physician of fools, proscribed with virulence every thing that was not his. The founders and the disciples of the Grecian and the Methodic schools, the episynthetic, pneumatic, and others, in succession were each in their day and place, equally proscriptive, each believing that his own knowledge was the solely true. Explosion has succeeded explosion, and the wrecks of these solely true systems only go to make up the *debris* of the great past, and others are crumbling to their company.

Not one, but a cluster of hygienic force and avenues are to be learned and availed of for the acquisition of true medical skill, and

Dr. Scott frankly says that the best and most cultured physicians of all schools are, *unconsciously*, perhaps, but practically and in truth, as one in the synthesis of all laws and all methods of remedy and cure.

Medicine has advanced from the time of Horus, son of Isis, whom Ovid calls the inventor of medicine, from the remedy of accident as seen in the olden myth of Glaucus, restored to life by Polydus after he had been drowned in a vat of honey, to these days when, from the large observation of the ages, laws really operative for purposes of a limited service, and useful to a limited extent in remedy, have quite recently begun to gain recognition and assent.

Read Avenzor, who ordered emeralds to be tied on the stomach for the cure of dysentery, or Dioscorides, who recommends powdered sapphires for troubled eyes. Take down the beautifully-illustrated folio of Pietro Andracco Matthioli, published only about 250 years ago, and read there the prescriptions of hare's blood and dog's dung dissolved in milk as the cure for dysentery, and the directions that nervous people are to dine on cooked vipers,—a remedy second only to that of Albertus Magnus, who orders nervous patients to eat eagle's brains, and assures them that they shall have the steadiness and courage of kings.

Come down fifty years later, and take the *Aurora Chymica* of Dr. Edward Bolnest, physician in ordinary to the King, and ponder upon his quintessence of toads—made of overgrown old toads collected in the months of June and July, reduced, calcined, distilled, and then dissolved in spirit of oranges,—a special cure, he says, as an outward application for cancers and pestilential venom, and as an inward remedy for all kinds of poison. Or his famous "Mummiall quintessence," for which he directs that you take three or four pounds of flesh from the thighs or fleshy parts of a sound young man dying a natural death about the middle of August, and treat it with baths of wine, and dessications, and saturations in spirit of salts; or, if the sound young man should happen to have been killed in the spring instead of in August, then from his blood you may make, as he says, a "very high balsam,"—a potent preservative in time of pestilence, leprosy, palsy, or gout. Let us thankfully recognize the fact that the practice of medicine has advanced from these potions of Avenzor and Bolnest, monstrous in quantity and quality, to the delicately and chemically compounded specifics of modern pharmacy—the diminishing doses of the allopathist, the mere pillules of the homœopathist, the breezy motions of the magnetist, and at last, to

the idea suggested from English culture, to the psychic cure of all ailments.

Medicine has indeed advanced, as an aggregated practice, and as a scientific profession, and yet, wonderful as the fact is, every example of potion and law (almost) is present in the midst of our civilization, and each with the claim of infallibility and exclusiveness.

As you now step forth into the midst of this vast experience, thankful to the wise Hahnemann, who has removed largely from the sick chamber those huge and hateful mugs of misery, black founts of infantile tears, as they have been called, take home to yourselves the thought that the law for which *you* contend, and of which you are inclined to be boastful, has only a few years of actual life — fewer still in the organic form of an institution of learning — that you are really among the *first medical* schools, that, conquering the old intolerant wisdom, has admitted woman to a full and equal co-education with man, followed now only about a month since by the University of London, that, after a long and bitter opposition, has admitted her women, as the Boston University had done before, to degrees in all the four faculties of arts, law, medicine, and science.

We are told of the Persian bird Juftah, which has only one wing; on the wingless side the male has a hook, and the female a ring. When fastened together, and only when fastened together, can they fly.

The professional man, priest, lawyer, or doctor, who stops with the science of his school, and allows himself to be manacled with the canons of its orthodoxy, who is not willing or not able to wing himself away from the nest of his adopted learning into the free air of other lights, and breezes, and motions, is no more than the Persian Juftah; from the lack of such venture he at once suffers intolerance and persecution from others, and himself comes by a kind of instinct to inflict it upon others who cannot be tethered by his lengths.

The truth is (and therefore toleration is a virtue), that the learning of no school is yet more than the bird of one wing. The spirit of open docility or teachableness that is ready to meet God in some new revelation, with each new-coming sun, is the bird of the one opposite wing. We rise to the altitudes of the grandest truths only when the two are united.

After the address the degrees were conferred upon the following-named ladies and gentlemen:—

Isador Albert, Tawrid, Russia; Edwin Mayo Bangs, Boston; Leila Gertrude Bedell, Crown Point, Ind.; Ellen Ramsdell Black-

wood, Westboro'; Joseph Chase, Jr., Boston; Lydia Ramsdell Clements, Brookline; Harriet Hodges Cobb, Cambridge; Fred Gustavus Coffin, Winthrop, Me.; Anna Gertrude Colesworthy, Portland, Me.; Harry Horton Cushing, Boston; Frank Stewart Davis, Canton; Byron Lee Dwinell, E. Calais, Vt.; Frank Joy Fesler, Lowell; Louise Florence Chamberlayne Filkins, Medina, N.Y.; Katrina Joanna Chamberlayne Fiske, Medina, N.Y.; Charles Metcalf Fuller, West Medway; Charles William Gerry, Thomaston, Me.; Gregor Wymond Gill, Boston; Charles Brackett Hall, St. Johnsbury, Vt.; Jessine Melicent Hartwell, New Marlboro'; * Patrick Francis Houghton Keating, Charlestown; Orville Robinson Kelsey, St. Johnsbury, Vt.; Hannah Lewella Lane, Boston; Charles Leeds, Chelsea; Monica Mason, Grafton; Edward Arthur Murdock, West Boylston; Edward Marion Pinckney, Boston; Clara Deborah Reed, South Ackworth, N.H.; Henry Elmore Russegue, Boston; John Henry Russell, Boston; Wilbur Fiske Sanford, Attleborough; Otto Sasse, Boston; Flora Hayward Stanford, Corry, Pa.; Charles Henry Stanley, Lowell; Amelia Wood Stockwell, Boston; Wallace Clinton Stratton, Bridgeport, Conn.; Charles Wallace Styles, Westboro'; Joseph Marshall Thompson, Providence, R.I.; Emily Metcalf Thurber, Providence, R.I.; Arthur Elmer Tuck, Chicopee; Sue Almira White, Utica, N.Y.; George Warren Wild, Jr., Norton; Charles Livingston Woods, Lowell; William Greene Hanson, South Boston; Francis Wayland Hartwell, New Marlboro'; John Henry Riedell, Boston.

THE VALEDICTORY ON BEHALF OF THE CLASS

Was then delivered by JOSEPH CHASE Jr., M.D., of Boston, and was as follows:—

Classmates of '78, the time which we have so long looked forward to with eager and anxious thoughts, has at last arrived, coming upon us with surprising rapidity, and we in a state of excitement and joy are absorbed in the incidents which are now taking place in this small corner of the world.

It is a day of great moment to us—one which will be indelibly stamped on our memories, and ever after looked back upon, I trust, with pleasure and satisfaction. This day ends our connection as fellow students which has existed during the past three years, and I

* Deceased.

To all but the last three named the degree of M.D. was given, and the Faculty recommend that to these it be given when they have attained the age required by law.

feel we can say they have been those of unexceptional happiness and kindly feeling.

Yet, it should not be inferred that our relations have been wanting in variety, or that they have presented the monotonous insipidity requisite for a mutual admiration society, for this indeed would be representing us as individuals possessing more qualities necessary for the land of angels than is usually found upon this mundane sphere.

Still, in the future, when toil and care have surrounded us with unthought-of circumstances, methinks that in our reveries of years ago, a smile of pleasure and love will flit over our faces as we think of the friends of college-days, of the crowded benches, the hurried anxiety to recover a lost note, the noisy applause, and the howlings of "Bingo was his name."

It seems hardly realizable that these days are now passing by, and that we step down and out, each one in his separate way, to face the circumstances in waiting — each one to make his mark and stand on his own ground, independent and alone; and there will be great changes with us. We have now matriculated in a college where success does not depend upon books and words alone, but upon determined and well-regulated action, where severe and searching examinations are sprung upon us without a moments warning; therefore it behooves us to keep steadily and earnestly at work, swerving neither to the right nor left.

The merits of to-day are not the merits of the future; success may crown some, while others, equally deserving, will go on to the end without acknowledgement of their real worth.

But in our ambition for fortune's favor, we should remember it is only to be obtained through earnestly and conscientiously pursuing our most worthy purposes, and that it is better to be truly worthy than to unjustly possess.

Base arrogance and self-asserted superiority are far from being representations of merit. But patience, perseverance, honor, and self-sacrifice must be our watch-words whether fortune smiles or no; and still remembering that while success does not always award her merits in this world, we will lie down to rest with the satisfaction of having dutifully fought the fight though we miss the victory.

In our selfish joy let us not forget our absent ones — one, who, while waiting with eager eye and outstretched hand to grasp the prize which he had so nobly earned, was stricken down; he has bid his last farewell and solved the eternal problem; let us remember him with feelings of kindness and brotherly love: and still another who, now

lying in a precarious condition, is prevented from being with us. God grant that his life may be spared.

Passing on, we must bid adieu to those we leave behind to occupy our places — our Juniors and Freshmen. They represent many of our firmest friends; and to them we bequeath our benches, our shouts, and our examination anxieties, and bid them a hearty God-speed.

Our thoughts now turn to those to whom we are much indebted, whose individual presence, merits, and peculiarities, will always hold a place in our memories, whose precepts have guided us in the past, and will necessarily have a marked influence on us in the future.

Ladies and Gentlemen of the Faculty, we sincerely thank you for your patient, earnest, and well-directed efforts in our behalf, and can truly say, without the usual valedictory flattery, that, as you present us with our certificates, you have no occasion to feel you have not done all in your power to give us a clear, definite understanding of the results of your years of toil and experience; your patience has been untiring and your requirements just. May the seeds of truth which you have planted in us, be productive of fruits which will prove an honor to you.

These moments are of very great import to us, while to your graver minds they are remembrances of days gone by when you, like us, entered the arena of life with ambition and hope beaming in your eyes, and by years of buffeting with the hardships of the profession, hold and enjoy your present positions.

As we have passed under the eye of each one of you during the last three years, we could not but feel stimulated to action and possessed with the desire to approximate to your proficiency; you have provoked in us an enthusiasm in our profession which I trust will never flag, and have presented in yourselves examples worthy of emulation. And again we thank you for your kind and conscientious interest in us, and bid you an affectionate farewell, and pass on to our places in the perspective of time, giving room to others who now claim your attention.

Yet we must linger to pay our respects to one who is not present; for you, like us, have lost one of your number in the past year — one who has gone to rest, at the end of a useful and well-spent life, and we cherish her memory and prize her virtues.

Now, classmates, we finish our course here, and must prepare for action against the vicissitudes of this hard world. Let us ever keep our armour bright, and with an unbroken front and a determined advance, *victory must be ours.*

*THE FOLLOWING VALEDICTORY ADDRESS ON BE-
HALF OF THE FACULTY*

Was delivered by Prof. E. B. DE GERSDORFF, M.D.

Mr. President, Ladies and Gentlemen of the graduating class,— I appear before you with a mingled feeling of sadness and of pleasure : of sadness, because this is the last time that I shall have the privilege of addressing you as a class, and of pleasure, because I rejoice with you and congratulate you upon the important step in your life's career which you have taken this afternoon. Perhaps you also may entertain some lingering feelings of regret on leaving your college associates and teachers; but your sadness will be much surpassed by the natural feeling of elation which everyone entertains who has reached a place of eminence, whether this place be on the earth's surface, or in public life, or in a scientific career. There are, in our progress through life, certain landmarks at which it is fitting and pleasant to take a retrospective view. There we can survey the road we have travelled, and we shall find that the obstacles which appeared to us formerly huge and formidable, are now, when passed by, insignificant; this gives us new vigor and hopes for the future journey through life. Such a landmark in life is this day for you, and I now offer you a very few friendly words of congratulation, of appeal, and of advice.

First, then, I hail and welcome you as colleagues, as doctors of medicine, as acknowledged fellow-citizens in the republic of medical science; for according to the law of the land, with the sympathy of your friends around you, and, in fact, with the general assent of public opinion, the doors of public life and of professional activity are now opened to you. It seems as if you had now reached successfully a goal long and earnestly striven for.

But here I must at once remind you of the fact that you enter again upon a new school, the school of professional life, the most serious and difficult of all, in which your task-masters are not always your friends, but where the great public sits in judgment upon you; and I must warn you lest you should, in the flush of your honors just earned, venture forward in your profession with too high esteem of your acquirements and with too promising hopes of success. But consider, so far, as is but natural, your acquirements are in a great measure matter of memory—not of your own production; but the acquisition of useful knowledge, in any man's profession, and his success in it, must always be founded on his own exertions in the observations of facts as well as in their application. All the teaching

you have received at our hands therefore, can have benefited you only in as much as you were thereby taught how to learn : namely, how to use your senses in personal and practical observations, and what use to make of the observations and the knowledge of others who stood before you as masters and authorities. For this is an acknowledged educational fact, that teaching effects nothing, if it does not lead the scholar to self-development. Therefore, while I may congratulate you upon having passed the narrow limits of examination, instituted by the Faculty, I must still more sympathize with you in the joyous liberty which you have gained of exploring and cultivating such fields of skilled labor and studies, as you are particularly interested in, or adapted to.

On the other hand, by no means think that I would assert that science of any kind could be well acquired without schools and teachers ; on the contrary, it is my opinion that a self-taught man may be a character, an original, but his knowledge is apt to be fragmentary and one-sided. We hear frequently of young men and women, especially in this country, of independence and enterprise, whose success in life is dwelt upon as marvellous only because they are self-taught, but I have never found, on nearer acquaintance, one yet that would not have been nearer perfection, in character as well as in acquirements, if he or she had enjoyed the benefit of training by good teachers and schools. You well know how the want of early school-training will impede the professional studies, and just so does any remissness in professional studies find its punishment in the later practical career.

This leads me to the few words of appeal which I propose to offer you as graduates of our school, and in regard to our peculiar tenets in therapeutics. You are aware that within the last forty years, pathology has by the scientists been brought to its legitimate basis, physiology ; that the entity of disease as such, has thereby been set aside, and that by microscopical exploration of the cell and the tissues and the deductions drawn from post-mortem examinations, symptomatology has acquired a new significance and importance for diagnosis. The men who thus created, as it were, a new natural history of disease, deserve our admiration as indefatigable workers and scientists, and our thanks as benefactors of mankind. You have been taught in our school how to profit by their works. It was, however, not in their sphere nor perhaps in their power, to develop *pari passu* the relation of the drug to man, in other words to establish an adequate pathogenesis as a science. *Non omnia possumus omnes.*

This work has been almost entirely left to our school. What an immense work has already been done in this field by our school, you are fully able to judge. Still it is only begun. But certain it is, that as yet both schools act and work without accord and sympathy : hence the discrepancy, even the headstrong opposition to each other of the various schools, which, in the eyes of the public at large, has long ago been condemned as absurd. Now, although I may approve of an independent continuation of your studies in the future, it is my duty to urge you to keep and develop the good seed which we have at our school tried to sow in your minds. For you know very well that you start in your professional career with some views on therapeutics, some acknowledged principle of cure and method of treatment peculiar to themselves and in opposition to, or at variance with, the majority of professional men ; that you are, therefore, as regards therapeutics, engaged in a strife for reform, and this *strife for reform* is a bequest from us which ought to be sacred to you and which imposes upon you the duty to do your share in making the begun reform complete, in fact, to *raise therapeutics to a science*.

While I would not advise you, in your future professional career as young beginners, to assume too radical a standpoint on account of your want of experience, nor to take on the garb of martyrs, as some have done without provocation, where persecution is either not intended or not possible, I should certainly deplore very much in you a want of readiness to stand openly by your convictions. Therefore, my appeal to you is : keep true and faithful to what you have found to be right and good and progressive in the school you have graduated from.

One of the graduates, in her thesis, asks with much ingenuity : "Have we any more right to assume that our material drug is the curative principle itself, than we have to assume that the pathological lesion or the symptom, is the disease, or the morbid principle?" To this question I would answer in the spirit of Hahnemann : While the totality of the symptoms represents the case, the method of selecting the remedy by similars covers or includes the curative principle. Therefore, in the same sense, I should advise you not to rest upon one or the other explanation of principles or laws of cure with too much surety, nor to be too intolerant of the various explanations of these principles by others, but to keep constantly the practical method in view, proposed by our great master simply as a prototype for our action and imitation. Recollect that the explanation of the mysteries belongs of old to the high priests who smile in each other's faces when they meet.

What words of advice shall I finally offer you for your professional career? This is not the time nor the place to expatiate on the ethics of the medical profession. A few short hints must suffice. The rule, to do as you would be done by, holds as high a rank in medicine as in any religion; but if you love mankind and your profession you do not need this rule. Do not make of medicine a business: it is a high vocation. But if you will make it the business of your life to cure mankind, and to aid them in avoiding disease, you will earn a higher crown of merit in the hearts of men than riches and titles can offer. Do not love your science too much, for fear of victimizing your patients for the sake of experiments; on the other hand, consider each advice, each prescription, each dose given, an experiment, the result of which it is important to know and to store up in the great book of life's experience.

As to the selection of a field of action for a beginner, my opinion, and therefore my advice, is, that if you will live happy and content, the most suitable place for first settling is the country. If the population there is thin, there are also less physicians; you learn frugality and economy, have time to study, your merits will easily be appreciated, you grow with the place, you become an esteemed citizen, more so than in the city, which is full of competitors, and where mammon stares you in the face at each corner, and distracts your attention from your business as it distracts the attention of others from your merits. On the other hand, higher reasons may attract you to the city, such as facilities for study and specialties by hospitals and dispensaries. If you will dedicate yourself to the poor practice, you can have no better field than the city.

But wherever you are, do not get into unnecessary quarrels with physicians of other schools and convictions; if so, only on questions of principle, and do it face to face and not through a third party, such as patients or nurse. Do not try to impose upon the community with anything, even with learning and statistics. Hold on to the fact that all men must die. Do justice to the physician of other conviction, if not to his practice.

But enough of this prosy preaching. I will now finish my remarks with the words of that worldly-wise old man, albeit he lived only in the imagination of the great Poet,—I refer to the King's Lord Chamberlain, Polonius, when giving to his son Laertes such good rules of tact and discretion as would benefit any young physician: Polonius: "Give thy thoughts no tongue, nor any unproportioned thought his act. Be thou familiar, but by no means vulgar;" and

then — “Give every man thine ear, but few thy voice; take each man’s censure, but reserve thy judgment — this above all: To thine own self be true; and it must follow, as the night the day, thou canst not then be false to any man. Farewell! my blessing season this in thee!”

The exercises were preceded by, and interspersed with, excellent music by the Germania orchestra.

In the evening, the Faculty entertained the graduating class and the alumni at the Revere House. About one hundred guests were at table, and did full justice to the excellent dinner. In the course of the evening, addresses were made by the Hon. Jacob Sleeper, Hon. Edwin Wright, Hon. H. O. Houghton, President Warren, Hon. Parker Pillsbury, Dr. L. D. Packard, and others.

A MEDICAL DECLARATION.

THE following resolutions were discussed with spirit, and unanimously adopted, at a regular monthly meeting of the Homœopathic Medical Society of Middle Tennessee:

In view of the evident misunderstanding of the true sphere and therapeutic requirements of the Homœopathic law, and the discords arising therefrom, notably in the societies of New York:

Resolved, 1. That we affirm and publish our full confidence in the law *Similia* as the paramount guide in Special Therapeutics, where pathogenetic means alone are to be employed.

2. That we also proclaim our reliance upon the laws of Chemistry, Mechanics, and Hygiene, or Physiology, as guides in the use of means not pathogenetic, and in the adoption of measures to correct the excess and deficiency of things requisite in health, and to remove the known causes and products of disease.

3. That we deprecate all efforts, on the part of societies, to adopt creeds and platforms, limiting the freedom of educated medical men, believing as we do, that the responsibilities of the practitioner are essentially personal, and that the art of healing is yet imperfect and progressive.

THE date of the death of Dr. George Barrows was accidentally omitted in the Obituary notice, March number, p. 131. It occurred on the 19th of January.

WE desire to call the attention of our readers to the letter of Dr. Jno. Dowling, on page 182.

CORRESPONDENCE.

NEW YORK, March 23d, 1878.

To the Editors of the New England Medical Gazette:—

Gentlemen,— Will you please publish the following letter, and my answer. My remarks at the recent meeting of the County Medical Society have been so grossly misstated by some of our New York papers that I am not surprised at receiving such letters.

I wish immediately to correct the wrong impression given, and place myself in a proper position with my professional brethren and the public.

Yours very truly,

JNO. DOWLING, M.D.

OWASSO, Mich., March 18th, 1878.

Jno. Dowling, M.D.:—

Dear Doctor,— Being ignorant of the nature of the motives voted upon by the New York Medical Society, I am unable to contradict the statements which are being circulated by the “Regulars” to the great injury of Homœopathic practice. You, as a recognized exponent of Homœopathic medicine, are charged with publicly disavowing faith in the law of cure peculiar to our school; and this is flaunted in our eyes every day. May I trouble you for a line on the subject, that I may have authority for my words. Yours respectfully,

EDW. A. INCE, M.D.

NEW YORK, March 21st, 1878.

*My dear Doctor,—*Yours of March 11th (addressed to me as dean of the N. Y. Hom. Med. College) has just reached me.

Far be it from me to do or say anything which will injure homœopathy.

In opposing the rescinding of the resolutions (a copy of which I inclose) offered at the meeting of the New York County Medical Society, held on the 8th of February, and passed by an overwhelming majority—but one member present voting in the negative—I said nothing which could possibly be construed into a disavowal of faith in the principle of cure peculiar to our school.

In commencing my remarks, I said “I am a Homœopath and as firm a believer in the Homœopathic principle of cure *Similia Similibus Curantur* as any physician present this evening or practising Homœopathy to-day.”

In a practice of over twenty years, I have exclusively followed that principle within the field to which it is applicable. But in my experience, as in the experience of every physician, mechanical and chemical conditions are constantly arising, requiring mechanical, chemical, and in some cases local, applications and palliative treatment. And when my knowledge of the cause of the trouble I am called upon to relieve, my knowledge of pathology or my judgment, prompts me to resort to any of these measures for the relief of suffering or the saving of life, I do so unhesitatingly, and in so doing deny the right of any man to accuse me of acting in opposition to the principle of cure by which, as a Homœopath, I profess to be guided.

We are so accused by men who, in the public prints, pretend to *define and expound* Homœopathy. I cited the case of a stomach over-loaded with indigestible food, which was acting as an irritant, and producing symptoms in my judgment impossible to relieve so long as the irritating cause of the difficulty remained. I said under such circumstances common sense would prompt me to resort to an emetic. I cited the case of the rectum overloaded with impacted fecal matter,—a poison in itself—and enumerated the symptoms, mechanical and septic, which might arise, and said my judgment would prompt me, instead of treating these symptoms primarily, to first resort to measures—an injection or a cathartic—to rid my patient of this foreign and effete matter from which all these symptoms arose.

I cited the case of a young graduate of a Homœopathic college, who had located in a town in Mass., who had been led to believe that the principle *Similia Similibus Curantur* was all that he would ever require as a guide for treatment in any and all of the cases of sickness which would come under his care. One of his first was a case of post-partum hemorrhage. Armed with his pocket repertory he selected a remedy and administered it. The bleeding continued; he tried again; and still the bleeding continued, his patient growing weaker and more pallid. He was preparing for a third remedy when she breathed her last,—died a victim to medical incapacity on the part of the attending physician, caused by incomplete and improper teaching by his professor of obstetrics. The young man was ruined, and obliged to give up the foothold he had obtained, and leave the town in disgrace. I said in such a case, I should unhesitatingly resort to mechanical measures and local applications to save the life of my patient, and have repeatedly done so; and in resorting to prompt

and effectual measures by which I saved the life of my patient, feel that I but did my duty, and deny the right of anyone to accuse me of not being a Homœopath.

I cited a case of gall-stone colic where a Homœopathic physician had for hours been prescribing for symptoms without results. He was dismissed, and another physician called who injected a solution of morphia hypodermically, giving speedy relief. Here was a purely mechanical condition with no hope of relief till this gall stone had passed into the duodenum. Under such circumstances I should use morphia, chloroform, local applications, or anything that would give my patient relief from his intense suffering, till the cause of the difficulty was removed, and in so doing would deny the right of any man to accuse me of not being a Homœopath. In other words, to quote from the resolution, I claim the inviolable right to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, that shall in my judgment tend to promote the welfare of those under my professional care.

I favored the resolutions that I might thus practise my profession without being submitted to unjust criticism by extremists in our own ranks, that I might thus practise without being accused of dishonesty in not adhering to Homœopathy by practitioners of the Old School.

No, Doctor! I have not publicly or privately disavowed faith in our glorious principle of cure. The longer I practise my profession, the firmer is my faith, and the more successful I am in the application of that principle.

Yours very truly,

JNO. DOWLING.

BOOKS AND PAMPHLETS.

DISEASES OF THE EYE. BY HENRY C. ANGELL, M.D. New York and Philadelphia: Boericke and Tafel, 1878.

THIS is the fifth edition of this valuable book. The author says that changes have been made on upwards of eighty pages. The book in its present condition is fully up to the requirements, and is a great addition to the Homœopathic physician's library.

ITEMS AND EXTRACTS.

WILL NERVOUS EXCITEMENT ACCOUNT FOR THE INCREASE OF UREA?—Allow me the following reply to the above query by Clark DeMuth, on page 91, February number, of your estimable journal.

Our knowledge of the action that nervous diseases and disorders have upon the urine is exceedingly meagre, very few observations or experiments having been made.

Peyrani found that irritation of the sympathetic in the neck always greatly increased the amount of urea and urine.

In epilepsy, Parks, Gibson, and Echevewi state that an increased secretion is constant both of urea and urine.

In chorea, Bruce Jones has arrived at the same conclusion.

In hysteria, Charcot and Ziemssen the same.

In a large number of cases under observation from 1860 to 1865, by Joseph Jones, a surgeon in the army, an increase of urea always resulted,—the largest portion passed being at the height of the disease.

I have as yet failed to discover a case under experimentation in which the quantity was decreased. From this and the above I think he may safely infer that the increase was due to nervous irritation.

Will he allow me the following correction? Coffee does not, as stated, decrease the amount of urea. Both Hurley and Hammond, in repeated experiments, demonstrated that, *without milk and sugar*, an excess resulted (17.2 to 25.8 grammes in twenty-four hours), while the urine collected during the employment of milk and sugar showed a decided decrease. Hence the discrepancy existing in the results of various physiologists. DON GRIEGO.—*Am. Homœopathist*.

SELECTIONS.—*Alimentation in surgical accidents and diseases*. By FRANK H. HAMILTON, M.D.—If the food is not appropriate the patient who receives it will not only suffer from lack of nourishment, but also from the irritation caused by the presence of indigested, and, consequently, irritating materials. *Such attempts at alimentation will certainly increase febrile action and aggravate inflammation*.

The fact is, however, that examples are exceedingly rare in which some feeble ability to digest food does not exist; and, even in these exceptional cases, a judicious selection and timely administration of certain articles seldom fails to produce an appetite, or at all events

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to convey to the system some nutrition. A warm, well-seasoned, and well-cooked cup of broth, or a fragrant cup of hot coffee and milk, will often relieve nausea and epigastric distress, assuage a colic, diminish the severity of a headache, lift the tone of the nerves suffering under shock ; and the same or similar means will often abate sensibly febrile disturbance and soften the pains of inflammation. Whoever knew of harm from food under these circumstances, when carefully and judiciously administered? I am, at least, certain that for every case in which it can be shown to have done harm, twenty cases will be found in which it has done good.

Medicines — so called — are in general far inferior to a fragrant and savory cup of food as peptic persuaders, and I have seen many patients suffering with nausea and loss of appetite, who have been speedily relieved by the mere omission of the bitter and disgusting tonics which have been forced upon their reluctant stomachs. It is true that, under the circumstances referred to, now and then good medicines do good and improve the appetite, and their occasional abuse or unskillful exhibition is no reason why they should never be used. Nevertheless, I wish to say, very emphatically, that the abuse of medicines is more than “occasional.” It is alarmingly frequent. It is a simple elementary truth, that there are many diseases and surgical injuries in which recovery takes place as speedily without medicines as with medicines ; and if any medical man has not learned this, and continues to give drugs from day to day for every form and grade of human ailment, so much the worse for him and his patients.

But if men can live and recover from disease sometimes without medicine, no man can live or recover from disease without food. Organs which are maimed and struggling must have food, or they will soon cease to labor, and will die. A wound will not heal nor a bone unite without nutriment. In every human malady and surgical accident, repair and recovery wait on nutrition.

It is not improper, then, to say that, as a means of restoring the sick and wounded, when both may be needed, good food is of more importance than good medicine. Large armies have always suffered more from a deficient supply of proper food than from a deficient supply of proper medicines.

One conclusion to which my statement of facts and process of reasoning leads me is, that hospitals and dispensaries ought to have the means and appliances for supplying to the sick, infirm, and maimed, who come to them for help, not only medicines and skilled medical and surgical services, but also an abundance of nutritious food ; in-

deed, that the question of food ought to be the first, where it is generally the last, consideration.

There is an impression among many laymen, who have the charge of hospitals, that "extras," including eggs, milk, etc., with the services of the "diet kitchen," ought to be reserved for the few who are very seriously ill, and that all the slightly ill or convalescent should be content with the "ordinary" diet of the hospital, which is seldom very attractive to even a sound stomach. Those who have had experience in the United States army hospitals know that this was never the theory or practice of these hospitals; but that all of the regular rations were commuted, and with the money thus obtained, nothing but what might be termed "extras" were purchased.

If a man is able to eat hard-tack and salt pork, or tough beef and unsavory soups, he is able, generally, to go to work, and ought not to remain in the hospital. Though well in other respects, and detained only because his broken limb is not thoroughly repaired, it does not follow that he can eat and digest what he could easily master when working out of doors, and carrying brick-hods to the top of five-story buildings. If it is an object to get these men speedily out of the hospital, and thus save the tax-payers, if it is desirable to restore them soon to their families, of whom they may be the sole support, then it will be necessary to give them food that will encourage an appetite, and be easily digested by a stomach weakened by long confinement, sickness, and anxiety. They must be treated in this respect in the hospitals, as we—you and I—are treated at home, where the utmost care is taken to see that our food is suitable and appetizing; where, although we may have ceased to take medicine, so long as we find ourselves unable to return to our usual outdoor duties, we are fed only upon "extras." These same poor people, inmates of the hospitals, if they were at home, in their own humble apartments, would be fed better, so far as the quality and mode of preparing the food is concerned, than they are in most public hospitals. No pains are spared, generally, to furnish the poor all the medicine they need; but what they want most, and get the least, is good food.

The medicines and liquors dispensed at Bellevue Hospital during the six months ending July 1, 1877, cost \$7,750; and for all the charities and prisons under the charge of the Commissioners of Public Charities and Correction, these two articles cost, for the year 1876, \$40,892; about one-fourth of which, the apothecary informed me, was for liquors; leaving a balance of about \$32,200 as having been expended for other medicines than stimulating liquors. Possi-

bly a much larger sum has been expended for "extras" in the same institutions. Upon this point I am not informed, but my long connection with this and other civil hospitals, enables me to say that it is generally more difficult to obtain proper food, and a supply sufficient for the demand, than it is to obtain good medicines and in sufficient quantity.

In these remarks there is no imputation upon those excellent and humane gentlemen who are in charge of these institutions. In my opinion we are alone responsible for this state of facts, inasmuch as we have hitherto failed to urge upon them and the public the greater importance of nutriment, and the comparatively less importance of medicine.

Some intelligent men and women, not of our profession, have seen the want before we have, and they have established in various parts of the city diet kitchens, to supply the very want of which I am speaking, and which are properly made subsidiary to the dispensaries. There ought to be one immediately connected with every dispensary, and in the same building as the drug store now is. Indeed, I would be glad to see one-half of the drug stores and all of the liquor stores converted into diet kitchens. I am not quite certain that they need all to be eleemosynary in their character. It is possible they might, some of them, be self-sustaining. They will not have to be taxed like liquor shops, to pay for the crime and pauperism they create; nor will they kill as many people by accidental over-dosing as do drug shops, not to speak of the deaths from overdosing caused by the prescriptions of illiterate and careless doctors. Those who have them in charge will not require a very long apprenticeship, and need know nothing of Latin.

Very few of their materials will have to be imported, and they will require very little advertising, so that all in all these diet kitchens can be run very cheaply.

You will not consider it out of place, I trust, if I read to you the opinions of a professional athlete, Mr. J. M. Laffin, as reported in one of our morning papers—the *Herald* of October 21, 1877. He is speaking upon the subject of diet in training.

"In the first place, there are at the present day many young men who are preparing or training for athletic pastimes or pursuits, who naturally apply for instruction as to diet to some professional athlete, who gives them the stereotyped advice: 'Eat plenty of rare meat.' Now this advice would be all well enough, perhaps, if the stomach of the one asking advice was as strong as that of the one giving the

advice ; but it is not, of course, and so, as it requires a great deal of tone and strength in the stomach to digest rare meat, the beginner in athletics finds himself unable to digest the rare meat he eats.

“ Then, in the second place, nothing is well digested in the stomach against which the palate revolts. In many instances—myself, for example at first—the taste of very rare meat is very unpalatable indeed, and to overcome this difficulty, recourse is had to all sorts of spices and condiments to render it more pleasant. Most spices and condiments are pernicious in the long run to digestion, and so, rare meat, eaten under these conditions, becomes positively injurious.

“ Meat ought to be neither rare nor what is called well done, but medium, so as to be palatable without spices, etc., while at the same time it retains a large share of its natural juices.

“ More harm has probably been caused by this notion of rare, underdone, bloody meat being unwholesome, than by any other idea on the whole subject, and the very first thing young men, especially young men luxuriously nurtured, who take a personal interest in athletics, should do, is to abjure this notion altogether.”

In these opinions I fully concur, and if Mr. Laffin's opinions are sound in reference to the eating of raw and highly-seasoned meats by those who are in health, it is quite certain that this, to civilized palates, disgusting and overseasoned food, is unsuitable for the sick, and it would be well if medical men would give attention to the common sense and practical remarks of this gentleman. (*Hospital Gazette*).—*Maryland Medical Journal*.

PERISCOPE.—*Chancre of the Lip*—was it communicated by a *Dentist's Instruments*? Some time since, Dr. F. F. Maury gave me the opportunity of examining a patient under his care, with the following interesting and unusual history: A. B., a female, aged twenty-six, is a thoroughly respectable housemaid, modest in her bearing, and her character vouched for by her employer, a physician, in whose family she has been for years. She says she never had any serious illness, and her appearance is strongly corroborative of her statement. Although aware that she has now a grave disease, she does not know its specific nature. In the month of September, when in perfect health, she suffered with a severe toothache, for the relief of which she applied to a dentist. He put some cotton, bearing an anodyne, into a cavity in one of her teeth, and advised her to have the nerve extracted, and the tooth filled. A week later she returned, and he made an application to destroy the nerve. Still a week later,

he completed the operation, and recommended her to have all her teeth cleaned. To this she consented, and he did it.

At this time, two weeks from her first going to him, the angles of her mouth were much irritated by stretching, and she had observed a small sore near the middle of her lower lip. This the dentist said was only a blister, and advised the application of alum to it, which she carried out. However, the effect seemed evil, and the sore developed in about ten days into an angry, indurated ulcer, half an inch long, and of a somewhat less width, with a yellowish deposit, and an accompanying enlargement of a left submaxillary lymphatic gland. The ulcer and the bubo, were both, she says, excessively painful.

Her condition now attracted the attention of the physician in whose family she was serving, who diagnosed a chancre, applied locally an ointment containing the nitrate of mercury, and gave her internally iodide of potassium and iodide of mercury, combined with opium.

The disease then passed on, with malaise and fever to a general papular eruption, and the woman came, about five weeks after first going to the dentist alluded to, under Dr. Maury's care. She was, at the time of my first examination, ptyalized; on her lower lip was an enormous chancre, surmounted by an ugly excavated ulcer, an inch and a half long by about half an inch wide, with angry-looking, indurated and everted edges, and covered with a nasty yellowish deposit. Below the angle of the left lower jaw was a large and painful bubo. She had a general but not profuse papular syphiloderm. Many of the papules were developed in her palms and soles. On inquiry and examination there appeared to be no other syphilitic manifestations.

Under treatment the ulcer was, after two weeks, reduced one-half; but there was appearing a very painful pustular syphiloderm. This began upon her shins and calves, and came afterwards, though less severely, on her arms and face. Two weeks later she had sore throat. The chancre was healing nicely. Later, this went on quite well, leaving but little loss of substance, and the bubo subsided almost entirely. The pustules, however, were very troublesome. There were many of them, of various sizes, and of different grades of ulceration, presenting the features of so-called syphilitic impetigo, ecthyma, and rupia. Iritis seeming to threaten, instillations of atropia were used with success.

Without going further into the history, we have, then, a case of syphilis whose initial lesion was a chancre upon the lip. The im-

portant question is, how was the chancre contracted? The answer to this question involves so many delicate considerations that it may not be wise to express here a positive opinion in regard to it; but to entertain one, these points should be borne in mind: a woman of unimpeached reputation subjects herself to the manipulations about the mouth inseparable from a dentist's operation; about two weeks later there appears on her lip a lesion, the development of which is that of a typical chancre, and which is followed by other unmistakable manifestations of syphilis.

Bearing these facts in mind, whatever may be one's opinion in regard to the source of the syphilitic contagion and its manner of communication, the history of this case may well serve as a warning to all dentists, as well as to the medical profession. It will have special weight if considered in connection with the cases of inoculation from the virus of mucous patches in the mouth, recently investigated by Dr. Maury and the writer, and reported in the *American Journal of the Medical Sciences* for January, 1878, in an article entitled "Tattooing as a Means of Communicating Syphilis."

A prominent member of the dental profession in this city recently assured me he was constantly on his guard against the danger of conveying disease from one of his patients to another, keeping a special lookout for suspicious lesions. He has, he says, detected syphilitic lesions, and might, without this precaution, have inoculated them upon others. Such a course deserves to be followed by all; and perhaps it might not be amiss — if not already done — for the dental colleges to teach their pupils the diagnosis of syphilitic lesions in and about the oral cavity, impressing upon them the danger of inoculation and the means of avoiding it. (*C. W. Dulles, M.D., in Medical and Surgical Reporter.*) — *Dental Cosmos.*

VENESECTION.—The Italians have been somewhat conspicuous of late in their use of that ancient weapon, the lancet; but if the following account addressed by Dr. Neale to the *Lancet* is correct, the Spaniards are as ignorant and as reckless of the life's blood of their patients as the subjects of King Humbert. Dr. Neale says:—"An English lady engaged a fine healthy Welshwoman to accompany her to Spain, where, with but little warning, she was seized with violent hæmatemesis, so profuse as to utterly exhaust and blanch her. The Spanish medico, on his arrival some hours after, insisted upon abstracting as much blood as would flow from the arm, although hemorrhage had entirely ceased, and covered the whole thorax and

abdomen with an open blister, while he denied all kinds of nourishment, permitting only small quantities of water. After some days he announced that one lung was entirely gone, and that she was suffering from acute phthisis. The patient had never a symptom of a cough, and after the one violent expulsion of dark, clotted, grumous blood, never expelled a trace of bloody fluid either by cough or vomit. When the doctor, about the tenth day of the illness, made this announcement, the house was deserted by all Spanish servants, as though the plague had attacked the inmates, believing, as they do, phthisis to be equally infectious. It is not to be wondered at that the patient died, and since then I have heard of another case of pleurodynia in a fine newly-married man who sank under repeated venesections in the same locality."—*Mon. Homœopathic Review.*

A SEQUEL OF THE WAR.—The *British Medical Journal* states that "According to the Russian press, an appeal has been made to the Government from Alexandropol for a grant of money to cleanse the town, on the ground that, owing to the passage of seventy thousand sick and wounded through the town since the war began, and the neglect of the local authorities to disinfect the place, the streets and the houses are filled with disease. The death-rate is 55 per 1,000, and nearly every house that has not been converted into an hospital for the army contains inhabitants stricken with typhus. At Tiflis, the operations of one branch of the Red Cross Society are entirely suspended, all the doctors being dead. It is expected in the Caucasus that a plague will break out in the spring. At Penza, small-pox and measles are rife. Near St. Petersburg, the black small-pox has broken out among the Turkish prisoners interned at Gatchina; and it is further stated that ten thousand sick and wounded are awaiting removal at Sistova. So many are suffering from typhus that it is proposed to have 'typhus trains' to carry soldiers infected with that disease only."—*Mon. Homœopathic Review.*

PERSONAL.

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FEVERS.

Read before the R.I.H.S., by Ira Barrows, A.M., M.D.

APPOINTED by our President at the last quarterly meeting to prepare an essay for this occasion, I have selected *Fevers* as my theme, with the intention of presenting chiefly my own observations upon those forms here most frequently and seriously encountered.

Fever is a generic term, and relates to species and to varieties. Isolated, it suggests the idea of cold or heat, possibly burning, accelerated pulse, thirst, unrest, and perhaps pain. It is not a disease, but represents a means which nature employs to eliminate disease from the living organism. Considered per se, its characteristic symptoms are few and repeat themselves, with little variation, in every disorder in which it is manifested. Affixing, organic, symptomatic, sympathetic, exanthematic, traumatic, and local specifications, nosologists have indicated nearly two hundred varieties. Of these there are in New England about thirty varieties; but I shall comment only upon four or five especially liable to malignancy and to fatal termination.

Typhus fever, known as *febris-cerebralis*, *febris stupida*, *typhus gravior*, and typhoid fever, called also *typhus abdominalis*, *typhus mitior*, *febris nervosa*, and *ileo typhus*, have many symptoms in common, but differ essentially in characteristics. While the former inclines the patient to hold to the bed, the latter inclines him to run away. Other marked distinctive differences I shall notice as we proceed.

Typhus, camp, and ship fevers are synonymous. It

has been, and is still, held by some that the disease is not indigenous to this country, but is imported from Europe by emigrant ships. Others find it difficult to trace every outbreak to contagion, and hence are of the opinion that the special cause is *sometimes* of spontaneous origin. My opinion is that it is both indigenous *and* imported; that the same causes exist in certain localities in this country that exist in Europe and on ship-board.

Diseases are the product of a combination of causes, not always readily determined. The predisposing cause must ever and necessarily exist, else even a contagious disease could produce no impression. In all locations there are causes adapted to produce some one or more; but a given disease is not adapted to every situation. Malignant, bilious, or yellow fever is not indigenous to New England; neither is intermittent fever to its northern and eastern portion.

No observing physician, who has been conversant with fevers in our manufacturing villages, has failed to note the characteristic differences of symptoms between cerebral and abdominal typhus, or, as they are more popularly called, typhus and typhoid fevers.

From 1825 to 1850 I treated many cases of these through the valley of the Blackstone, both in the villages situated on that river and in the country surrounding. In the autumn of those years both varieties were more or less rife; the typhoid fever much more than the typhus. Their distinctive characteristics were well marked. There could be no question that locality contributed to furnish the occasional cause: *contributed*, for bad ventilation in small tenement houses, no doubt, assisted more especially to occasion typhus.

About thirty or thirty-five years ago, a family of five arrived at New York from Europe, in an emigrant ship. They came to their friends in Pawtucket, R.I., and on their arrival were all ill. During the voyage several of the passengers had sickened and died. The sickness of this family proved to be cerebral typhus. As it was apparent that they had contracted it on ship-board, I called it ship fever. One of the five died. The fever

ran the regular course of typhus: prostration from the first; quick, feeble pulse; dry, brown, hard tongue; stupor; coma vigil; dusky hue of the countenance; and the peculiar mulberry efflorescence of typhus over the chest and abdomen. There was no tympanitis, no tenderness, nor gurgling on pressing the iliac region. In two of the cases there was a slight diarrhoea towards the close of the fever, but no other evidence of internal disturbance. The symptoms and general appearance in these cases corresponded to the general features of cases which I had occasionally witnessed for years previous, and have also since seen in that section of country.

From 1840 to 1850, I treated several cases of cerebral typhus in manufacturing villages in Bristol County, Mass. I also treated abdominal typhus, or typhoid fever, in the same villages, and noted there the marked distinctive characteristic symptoms. Both the typhus and typhoid cases had their origin, unquestionably, in local causes. Among these I include the bad ventilation of lodging-rooms. If students read and believe authors who say typhus fevers are *not* indigenous to this country, and go out to practise medicine in New-England manufacturing villages, where there has been no opportunity for imported contagion, find patients exhibiting typhus symptoms, they will readily believe and report their cases to be typhoid, though every indication points elsewhere.

I have used the terms abdominal and ileo typhus and typhoid fever synonymously, for thus is enteric fever characterized by pathologists. Pathological nomenclature is very defective, and in many respects barbarous. It by no means attains the standard of anatomical and chemical nomenclature. It has been said, and truly, that, "In all sciences nomenclature is an object of importance, and each term should convey to the student a definite meaning." Typhus, as we all know, comes from the Greek *tuphos*, stupor, or to smoulder as a smothered fire. Typhus fever is significant of *febris cerebialis*, brain fever. Stupor is at once referable to brain lesion. Typhoid is a compound of two Greek words, *tuphos* and

eidos, a likeness or resemblance to typhus. Typhoid may have few or many symptoms resembling typhus, but typhoid is not typhus, therefore the name ileo or abdominal typhus is absurd. The terms are suggestive of stupid ileum, stupid abdomen, which is stupid nonsense.

How, then, shall typhoid fever be designated? Is there any objection to the term typhoid pneumonia, or typhoid dysentery? What objection to typhoid enteric? We have pneumonic, gastric, dysenteric, enteric fevers without typhoid complication. Why, then, must *every* enteric fever be called an ileo typhus or typhoid fever? Why shall not the term be expressive both of the lesion and of the organ? Prof. Wood suggests the name of enteric fever, and admits that it may exist without typhoid symptoms. His differential diagnosis of typhus and typhoid fevers is very clear, but he retires from the discussion leaving the subject, as he found it, in a muddle, enteric and typhoid synonymous.

The characteristic stupor of cerebral typhus I have never seen exhibited in abdominal typhoid. In the early stage of typhoid, in some cases, there is a kind of stupor alternating with nervous excitement, occasioned by inflammation of the membranes of the brain, and accompanied with headache; but this is not the stupor of typhus. The stupor of typhus is more profound; there is more of the apathetic condition; the pupils are more contracted; bowels constipated; urine scanty or suppressed. The patient gives evidence of uræmic poisoning. The typhoid enteric is more versatile in its character; the stupor less profound, more inclined to alternate with wakefulness and delirium; the bowels are less constipated, generally tending to diarrhœa; urine more free and less frequently suppressed. The stupor is not apparently so much the stupor of uræmia as of asphyxia. In both diseases we have coma vigil, *subsultus tendinum*, and delirium, but more violent in typhoid than in typhus. In typhoid enteric we have inflammations, even to ulceration of Peyer's glands, and tenderness of the ileum in pressing over the right iliac fossa. In typhus we do not find these symptoms. If, then, other symp-

toms do not declare the diagnosis, the condition of the ileum will. During the first week the differential diagnosis of the two diseases is often very perplexing even to the most practised and careful diagnosticians. Great caution should be observed, therefore, by young practitioners, and a non-committal course adopted until the case is fully developed.

As to the treatment of these fevers *no definite routine* of remedies can be suggested. Generally, in the early inflammatory stage, I use *Tinct. of Baptisia* with satisfactory results. There is a class of medicines to be found in the homœopathic *materia medica* that have great power in controlling these fevers, but selection must be made in accordance with the totality of the symptoms. Though one need scarcely mistake in diagnosing typhus and typhoid enteric, no other rule for prescription can be safely trusted, because no two cases will exhibit identical symptoms and combinations, through every stage and every day, either in these or in any other diseases. Good judgment and great care should be exercised in giving stimulants and nutriments. I am satisfied that many patients have been lost by giving rich beef, or mutton, soups too early. The rule given by Rappou is very good. He advises to watch the urine, and while there is no deposit not to give rich soups; but when a cloud forms, and begins to precipitate, then is the time for "good gravy soup."

Diphtheria: diphtheritic fever. In this disease, as in typhus and typhoid fevers, we have evidence of an organism poisoned from some source. The symptoms of poison are as manifest as if the patient had swallowed arsenic. Its anatomical, clinical, and pathological history; its causes, diagnosis, and prognosis have been written again and again; still, its occasional cause, or causes, like those of typhus and typhoid, remain undiscovered.

One theory is, that it is of fungus origin; that the fungi are formed or lodged upon the mucous membrane, take root, shoot deep into the tissues, destroy their life, and thus poison the system. Another theory is that it depends upon a malarial or noxious exhalation from the

ground, or from decaying vegetable or animal matter upon the ground, — combined, perhaps, with atmospheric conditions, and also infection from the disease itself.

In either case organic life is the victim, and the remedy must be constitutional as well as local. The idea of proclaiming that *Sulphur* applied to the deposit in the throat by gargle, or by blowing it upon the deposit through a quill, or that any other drug or medicine thus applied, will *cure* diphtheria, is simply ridiculous, and too absurd to call for a serious reply. Topical applications are important and necessary as in treating any ulceration or gangrene, both to protect the ulcerated parts and to prevent the reabsorption of the gangrene poison; but when organic life is attacked by a deadly poison, the enemy must be met and conquered within the citadel. We may as well attempt the cure of small-pox by attacking the pustules, as to attempt the cure of diphtheria by attacking the deposit alone.

The characteristic feature of diphtheria, as of fibrinous croup, is the formation or presence of a false membrane. This fact has led to the discussion as to whether or not the two diseases are really one and the same. The fact of the existence of membranes, and the fact that the deposit in the larynx and trachea, in diphtheritic and fibrinous croup, if not removed, will both terminate in death, and that probably from asphyxia, is all the similarity I can possibly trace in the two diseases. The membranes are dissimilar in structure and composition. The tissues from which the membranes exfoliate are not in a similar condition. In croup, we find suppuration; in diphtheria, ulceration. From the croupous deposit there is no offensive odor, no contagion. The diphtheritic deposit is both putrid and contagious. I should as soon think of confounding roseola with measles, or cerebro spinal meningitis with typhus. Moreover, the remedies which seem to be most efficacious in fibrinous croup make no impression upon diphtheritic deposit. Nor have I ever known heart thrombus to result from fibrinous croup; but in diphtheria it has often been the cause of sudden death.

Our Secretary, at the last quarterly meeting, in his

study of scarlet fever, read an excellent paper on barometric influence in this disease. He has led us to hope that the scourge may at least be mitigated by securing for the patients dry air in their dwellings. The modus for securing this bonus was not submitted. Perhaps we can have drying-rooms attached to our houses somewhat after the manner of bleaching establishments. However, the theory of atmospheric influence affecting scarlet fever, sustained by the facts, seems plausible. But then the Scarlet Devil does sometimes defy the meteorological calculations of "Old Probabilities," for some of the most malignant cases that I have ever encountered, terminating fatally in less than sixty hours, have occurred in the summer, when the air was warm and dry, and in the winter, when the air was cold and dry. Still, these may have been exceptions to a general rule.

Scarlet, typhus, typhoid, and diphtheritic fevers are frequently endemic or sporadic, while barometric conditions are always epidemic, if I may use the expression. If, therefore, these diseases were generated by atmospheric influences, we should expect them, also, to be always epidemic; but, as the facts are, we must believe them to be produced by local causes, and more or less aggravated or mitigated by atmospheric conditions. Scarlet fever is complicated with other diseases, as roseola, miliaria, diphtheria. Roseola (rose rash) is frequently attended with headache, vomiting, and slight fever. This fact has sometimes led to the mistake of treating it for scarlet fever. It has also been confounded with measles. It is a harmless disease, and requires simply *Aconite*. Complicated with scarlet fever the two rashes can be readily distinguished, and *Bell.* and *Aconite*, given alternately, will usually meet the case. Complicated with miliaria, scarlatina is more serious. *Aconite* and *Coffea* are the remedies for miliary rash, and *Bell.* for the true scarlet rash. Where the two are combined, both *Aconite* and *Bell.* seem to be indicated. Complicated with diphtheria, it is positively malignant and dangerous, and demands prompt treatment with such remedies as have been most successful in the treatment of diphtheria.

I suppose I am liable to be cast out for alternating remedies. Yet Hahnemann says *Bell.* is *not*, but that *Aconite* is, the principal remedy for miliary rash, and that *Bell.* is the remedy for true scarlet rash. How shall I manage the complication except by alternation?

Of all the exanthematic fevers, the small-pox (*febris variolosa*) is the most dreaded. It acknowledges no cause but contagion. It cannot exist but in the propagation of its own species. Were it not for the check by vaccination it would march triumphant around the world. But if *not* checked it is questionable whether it would victimize more of its subjects than does scarlet fever or diphtheria. It is reported that a very effectual remedy for the pitting, as well as for modifying the fever, has recently been discovered in *Baptisia*; but like typhus, scarlatina, and diphtheria, it is liable to assume the malignant form and refuse to yield to any medicine. The only sure remedy is prevention by vaccination, and when this is so readily available there is no excuse for its neglect.

Here again is an '*Oid*' and a muddle, as in typhus and typhoid. I have never seen a true exhibit of varioloid but in the kine-pox. The varioloid of the schools is but a modification of variola; modified either by a preceding vaccination with the kine-pox, or by repeating itself, as it sometimes does, in the same subject. When this kind of varioloid propagates itself the product is always genuine small-pox. True varioloid cannot be variola, and cannot propagate it. Such a supposition would be absurd. When it becomes a fact that one disease may propagate another, not its kind, but only a likeness unto it, we may adopt the Darwinian theory and expect to see monkeys develop into men. The kine-pox I believe to be the true varioloid, and it is found to be a complete substitute for, a sure prophylactic of, the small-pox.

In the treatment of all diseases there is no better, safer, or more efficient course yet developed than a close study and application of the homœopathic law; and perhaps for malarial and miasmatic, as for grosser poisonings, the laws of chemistry.

CASES FROM PRACTICE.

Read before the Maine Homœopathic Medical Society, by Moses Dodge, M.D., of Portland.

1870 vs. 1873.

WAS called Dec. 19, 1870, to visit Mrs. D——; she was a stranger to me. Found her in labor, which had made good progress, and all seemed favorable except the general appearance of the patient. She was a woman of a bilious, phlegmatic temperament, dark hair and eyes, aged about 23 years. This was the first labor; found on examination the “Os Uteri” well dilated, lips and neck thin and soft, foetus in proper position, head well down in the superior strait, and pains regular at intervals of from eight to twelve minutes, and strong and effective; thus far all well, *but* there was much oedema and anasarca, and I learned, that for several weeks previous, the urine had been small in quantity, the patient had suffered from a sense of fulness in the head, confusion of vision, and (as she expressed it), from talking backward; beside this she complained of severe pain in the head, some nausea, had wildness of the eyes, facial expression of distress, etc. I was anxious, fearing convulsions. In my earlier years of practice I should have relied on my lancet as the only remedy; now, I gave *Bell.* ^{3d.} in solution, one teaspoonful once in fifteen minutes, until six doses were taken, when the pulse seemed softer, less full, and the skin was moist; pains still regular and efficient; half an hour after there was a frightened look of the patient with some twitching of the muscles; gave *Stramonium* ^{6.} — one dose, which seemed to quiet this state, and labor advanced rapidly until the crown was presenting externally; when at the coming on of another pain the patient cried out, “Oh my head!” followed immediately by the fearful trains of symptoms attendant on puerperal convulsions, which there is no need for me to describe.

Sent a message for my friend Dr. C——, one of the oldest and most successful obstetrical practitioners of our city, who came and assisted me by his advice, and the

delivery of the child with forceps; it was living, and is still alive — a strong healthy boy. The convulsions continued at intervals from this time, 10 A.M., until 3 A.M. of the next day, when the patient became conscious at times; continued to improve until January 21, following, when I considered her well; the treatment following delivery I omit purposely, as I have briefly narrated these symptoms to contrast the case with that of 1873.

In 1873, Sept. 22, Mrs. D——, the patient of 1870, called at my office; was in her eighth month of pregnancy, with pain all over the head — heavy, as if too full of blood, worse in the open air when walking, blurred vision, at times thirst, loss of appetite, cough dry and hard, sensation as if the heart were squeezed or jammed, burning heat in hands, legs aching, especially the left, pain in the sacrum and lower part of abdomen (pelvis), great weight and pressure “as if everything was coming out of her;” gave *Lilium tigrinum*⁷; was relieved. Oct. 3, saw Mrs. D——; same general anasarca, urine scanty, turbid, orange-colored sediment, pain in the back; gave *Senecio*^{1st} in solution. Oct. 13, urine increased in quantity, clear soon after emission; heavy deposit on standing; anasarca still; on testing, found albuminuria in large quantity; gave *Merc. corr.*^{12th}. Oct. 23, all symptoms better, less albuminuria, *Merc. corr.* still indicated; gave two more doses. Oct. 25, albuminuria slight, some of the old feeling, she said, “as though everything would come right out of her;” oedematous swelling of the face; pressing pain in the forehead and temples, strangury, oppression of the chest, shortness of breath, swelling of feet and legs, chilliness, sleep disturbed; *Lilium tigrinum*⁷ two doses, alternate with *Apis mell*³, two doses at intervals of six hours. Oct. 27, better; sleeps better; oppression of the chest less; swelling of face and limbs less; strangury nearly gone; continued *Apis*³ once in twelve hours. Oct. 29, breathes free and easy; no albuminuria, very slight, light sediment in urine, oedema of face and limbs very little; no headache.

Oct. 30, called to see Mrs. D—— about 12 M.; found

she had had labor pains for several hours; labor far advanced; delivered of a fine healthy boy at 1.15 P.M. She recovered from her confinement, getting, for some troublesome symptoms that still remained, a few doses of *Apis*.

Her health is now (May, 1874,) good.

Moral.—Know your obstetrical patients (if possible), previous to their being in labor.

SCARLATINA.

BY G. H. HACKETT, M.D., MAPLEWOOD, MASS.

Read before the Middlesex South Homœopathic Medical Society.

OF all the diseases the practitioner of medicine is called upon to combat, I know of none so varied in its work, and so much to be dreaded *in its results*, as scarlatina. No physician who has any regard for his professional reputation will venture to predict at the outset of the disease what its duration or result will be. This disease is so well known to the profession that it would be a waste of time for me to attempt to describe it, and, therefore, I shall confine myself to a history of my own experience in its treatment, and some few hints for your consideration. I have found several cases of well-defined scarlatina that were so mild that the patient was able to be up, dressed, about the house, or even out of doors in mild weather, during the whole course of the disease. In these cases I have found that the primary symptoms have been headache, pain in the back, limbs, and joints, slight chills and fever, nausea, sometimes with vomiting, and occasionally diarrhoea. These symptoms would last from twelve to forty-eight hours, by which time the exanthem would be visible, the febrile condition gradually diminish, the eruption gradually fade, and desquamation and convalescence follow. Sometimes, in these mild cases, the appetite is but *slightly* affected, if at all; there is but a small portion of the body on which the eruption is visible, and there is but little angina, sometimes none.

Nine-tenths of such cases would undoubtedly recover without a particle of medicine, and I have frequently directed in such cases that no medicine be given, but to keep the patient comfortably warm, with plenty of fresh air and sunshine, giving light food and a liberal amount of lemonade. Cases of this kind seldom last more than from five to ten days; still I deem it the physician's duty, when his attention is called to these cases, to watch them carefully, so that he may be ready to combat more serious symptoms, should they appear. I have known cases where the appearances during the first, second, and third days seemed to indicate a very mild case, which suddenly, and without any apparent cause, would, in a few hours, assume a most alarming form. The variations from the mildest to the most severe cases are almost as numerous as the patients, as it seldom or never occurs that any two cases are exactly alike in all their phenomena or in their intensity. It may attack a whole family at once, and, among its several members, it may manifest all of its varied conditions, or it may attack only one member of a family, all the others, though equally exposed to the contagion, escaping, while yet in other cases all but one may be affected. My experience is that children from three to ten years of age are more liable to the severer forms of the disease; and that after puberty they are not only less liable to contract the disease, but are far less likely to have it in its violent form, and that this exemption increases proportionately with advancing years. This is, in my opinion, the general rule; but, like all other rules, it has its exceptions. I once attended a family where all the children, five in number, had the disease,—the youngest, a boy of eight, and the oldest but one, a girl of nineteen, having the disease in its most violent form; while two others, aged ten and fourteen, had the disease in a milder form, and the oldest son, aged twenty-two, though having the disease in unmistakable form, was able to be out of doors all the time.

When called to a case which I diagnose as scarlatina, if there are other children in the family I order the

patient isolated, and by a liberal use of disinfectants, and proper attention to all sanitary measures, other members of the family frequently escape the disease. I deem light and fresh air of great importance, and also insist upon frequent bathing with tepid water.

Three cases in one family, recently under my care, illustrative of the various forms of this disease, are briefly as follows: I was called to the first case Monday, Feb. 11. The patient was a girl of thirteen. Said she went from school the preceding Friday feeling sick; had headache, dimness of vision, backache, felt tired and chilly, with a little nausea. Saturday, she felt a little worse, and her throat began to feel full and somewhat sore. Sunday, remained about the same, only there was more swelling and soreness of the throat. Monday morning she felt no better, and it was decided to call a physician. I found her with a hot, dry skin; pulse 116; face considerably flushed; eyes dull and heavy; general appearance of lassitude; throat deep red, with tonsils somewhat swollen; the tongue showed the characteristic appearance of scarlatina. I asked if she had any eruption, to which she replied that she had not noticed any. I found but little eruption, mostly on the neck and chest, with a very few spots on the arms, but enough, with the other symptoms, to convince me that it was scarlatina. I at once ordered her removed from the other children, to a warm, light, cheerful room; gave *Bell.* and *Verat. vir.* alternately. The next day the exanthem was more distinct, and the chest and arms were well covered by it; all the other symptoms gradually disappearing. From this time all the symptoms gradually disappeared, the eruption faded, and she made a rapid recovery. Wednesday, the 13th, when I called, I found a sister, aged ten, quite sick. In this case all the characteristic symptoms of scarlatina were present, and quite violent. I predicted a more severe illness for this than the other. The case, however, yielded well to treatment, and on the second day the neck, body, and portions of the limbs were well covered with the eruption; there was but little angina and only slight sup-

pression of urine; convalescence was rapid, the patient being confined to her room only eight days.

On Friday, the 15th, when I called, I was told that the youngest child — a girl of six — was also sick. She had moderate fever, pulse 110, skin dry, eyes bright, face flushed; had vomited several times, but complained only of being tired. The next day she seemed slightly worse in all the symptoms, still did not appear to be alarmingly ill. About midnight I was hastily summoned to her bedside, and found her with a very hot, dry skin, face almost purple in its redness, pulse at 170 (as near as I could count it); had delirium alternating with coma; lips, mouth, and tongue parched, dry, and cracked; neck badly swollen; breathing labored, short, and at times spasmodic; feet and legs cold and clammy; during delirium eyes wide open, staring; during coma lids partly closed, eyes turned up so that only a portion of the white could be seen; upon raising the lids found the pupils very much contracted, and slight strabismus. She had not voided any urine for twelve hours or more, but had had involuntary alvine discharges. Gave *Digitalis* and *Opium* alternately. I also ordered jugs of water at the feet, and a hot hop poultice across the abdomen, and another over the kidneys. At my next visit, at 6, A.M., I found the pulse reduced to 158; skin slightly moist; the face, neck, chest, arms, and thighs well covered with the exanthem. The mother reported that at about two, and again at half-past five, the patient had voided moderate amounts of urine. The attacks of delirium were frequent and of shorter duration, the coma but slightly relieved. Continued the same treatment during the day.

The next day I found a pulse of 152; no delirium; the sleep more natural; the eyes betraying a semi-consciousness; urine dark and strong, voided every three or four hours, and in nearly normal quantity; thirst very great; would drink half a glass of water as often as it was placed to the lips. The face was not of so deep a red. Gave *Bell.* in place of *Opium*, but continued the *Digitalis*. At the next visit found more coma, and again gave *Opium*, omitting the *Bell.* The only improvement

noticeable was that the pulse was 144 and very good. From the 18th to the 23d there seemed to be scarcely any change, except that the urine was voided more frequently, looked more natural, was in sufficient quantity, and the pulse gradually came down to 136, and the eruption gradually fading. Saturday, the 23d, she became fully rational, and had several hours of natural sleep, and from this time the general improvement was rapid. The enlargement of glands still remained, and were quite painful. By the time desquamation was fully established the enlargements began to soften, and I feared suppuration. Gave *Hepar* to avoid it, if possible. She took it for forty-eight hours without any apparent effect, unless it might have been the cause of a slight diarrhoea of an offensive odor, "like rotten eggs," as it was described. I found that the swellings, though very large and very painful, were not in the least sensitive to manipulation or pressure, therefore I decided to give *Crotalus*, and within twenty-four hours there was a decided change, and under this remedy the swellings gradually diminished, and the only unfavorable condition now remaining as a result of the disease is a slight watery, yellowish discharge from the right ear. She eats and sleeps well, and all the natural functions are regularly performed, and she is rapidly gaining in flesh.

Two others of the family—a daughter aged about sixteen, and a nephew aged ten—have so far escaped the disease.

THERAPEUTIC HINTS.

In the beginning of the disease (when I am somewhat in doubt as to its nature, as who is not?) I sometimes give *Aconite*, especially if there is high fever with hot, dry skin, considerable thirst, chills, restlessness, and peevishness.

When, besides these symptoms, there is great redness of the fauces, swelling of the tonsils, with throbbing pulsation about the head, I alternate *Aconite* and *Bell*. I think the *Aconite* has a strong tendency to hasten the eruption, and also, to some extent, control the fever.

In cases where the *Aconite* fails to produce perspiration or bring the eruption, I give *Verat. vir.*^{1st.} or ^{2d.} dec. instead, and usually with the most happy results. If I find a patient with a mild fever, with fluent coryza, eyes inflamed and sensitive to light, with enlarged, painful, sensitive tonsils, and swollen glands generally, with frequent offensive fecal discharges, I give *Merc. corr.*, especially if the patient is quiet and prefers to be let alone. If, on the contrary, the patient is restless and uneasy, cannot be kept in any position, is nervous, irritable, and easily frightened, I am led to consider *Lachesis*. In cases where I find excessive enlargement of the glands, which at the same time are not the least sensitive to the touch, so much so that they can be quite forcibly manipulated without causing pain, I consider *Crotalus* the proper remedy. In all cases I consider the characteristic difference in these two similar remedies to be, that *Lachesis* may be given where there is but little swelling of the glands while the *slightest* touch or movement is painful; while the case that *Crotalus* will benefit, the glands are very much enlarged, but not in the slightest degree sensitive. I seldom find occasion to give either of these remedies earlier than the fifth day.

Sabina is sometimes useful in the early stages of the disease, the indications being an unequal and irregular pulse, shining redness of the skin about the joints, joints swollen, stiff and sore, so that any movement is painful, chill towards evening, retention of urine, feet cold, and a general sensation of cold.

Rhus may be given when there is high fever, vesicular eruption, with intolerable itching and burning, which is increased by rubbing or scratching, great thirst, difficult deglutition, hot, burning urine.

Gelsemium I used in one case with good results, where there was chill every morning about 9 o'clock, which was followed by high fever till a little past noon, then gradually abating till about 4 or 5 o'clock, at which time there would be the least fever of any time in the twenty-four hours.

Dulcamara in lymphatic patients, where there is a ten-

dency to rheumatic pains and swelling of joints, and the patient raises serious objection to bathing or moisture in any form, prefers quiet and would sleep most of the time.

Arsenicum in the later stages of the disease, if thirst continues unabated, and there is tendency to dropsy.

Apocynum I have found useful where there was complete suppression of urine, with pain, swelling, and soreness in lumbar region.

Baptisia where there is urinary suppression without the pain and soreness, and with a general low, typhoid condition.

Phytolacca I have used once with success where there seemed a diphtheritic condition of the throat.

Digitalis. I give this remedy when I find high fever, quick, bounding, full, and regular pulse, excessive redness of the skin *even to almost purple, especially of the face*, great thirst, eyes at times bright and glittering, soon to be followed by dulness and perhaps slight strabismus, alternate delirium and coma; the patient will rise up and stare about and rave during the delirium, and immediately throw himself down and at once drop into a state of coma. The main indications, to my mind, for this remedy are the deep purple-red skin, extremely rapid pulse, delirium, and suppressed urine.

Belladonna, of course we always think of in connection with scarlatina, and I presume that a majority of cases under homœopathic treatment get more or less of *Belladonna*. Baehr, in his "Science of Therapeutics," says, "In regard to treatment, we apply to scarlatina the same rule we have proposed for measles, which is that the *specifically* appropriate remedy should be given at the onset of the disease, because this is the most efficient method of keeping the course of the disease within normal bounds. We infer this from the circumstance that the homœopathic treatment of scarlatina is undoubtedly superior to any other: for this reason we advise the exhibition of *Belladonna* at the very commencement of the disease, this remedy not only corresponding to the cutaneous affection, but likewise to the angina. This medicine should be continued, provided no particular anoma-

lies set in, until the exanthem begins to pale, the angina disappears, and the pulse decreases in frequency. Under the use of *Bell.* the fever generally runs a regular course, during which the special symptoms, of course, do not undergo any special alteration; but this is not expected in the course of any typical affection."

From the foregoing, it would seem that the author considers *Bell.* a specific for scarlatina, and that any ordinary case needs only that one remedy. From this view I differ. I believe there is no single drug that is a specific for any disease, and from my own experience I am confident that *Bell.* is *not* a specific for scarlatina. By this I would not be understood to say that it is not a very valuable remedy, for I consider it as being in the front rank of remedies to be used in the treatment of scarlatina, but there have been many cases of uncomplicated scarlatina where I have tried this remedy without any beneficial results, and when I have, after close study of all the symptoms, selected some other remedy, good results have followed. While I am willing to give to this drug all the credit due its merits, I still claim that we have others fully as efficacious in the treatment of this disease.

Baehr says, "The excessive fever in the preliminary stages, which is so often of a threatening character, has to be met by *Rhus tox.* or *Arsenicum*, as long as the brain remains free; but if delirium, sopor, etc., set in, *Phos.* or *Opium* may be tried; we would likewise recommend *Digitalis*." Further on, he says, "If the fever has adynamic type, during the stage of efflorescence, great danger is impending. *Bryonia* may be sufficient in the lower grades of this fever, but the higher grades require *Rhus.*, *Phos.*, *Dig.*, *Verat. alb.*; the last two named remedies correspond more particularly to the frequent and *small* pulse, with cerebral symptoms resembling typhus." I have found *Dig.* one of the best remedies where there is the frequent, *large* (instead of small), bounding pulse, with cerebral symptoms. I consider *Digitalis* one of the most reliable remedies we have in the treatment of scarlatina, and I think I use it more often than any other. One point

in particular I have noticed, and that is, that in those cases that I have persistently treated with *Digitalis*, I have never had any considerable suppression of urine, and *never any* post-scarlatinal dropsy. In cases that I have treated with *Bell.* I have frequently had dropsy as a sequale, and in some cases it has been quite obstinate, but, usually, it yields to *Dig.* or *Apocyn.*

While I most emphatically deny any belief in there being any specific for scarlatina, yet I have found that in the severer forms of the disease, where I have failed to obtain any good results from *Bell.*, *Rhus.*, *Gels.*, or any of the remedies most commonly used. *Dig.* has never yet failed to accomplish the desired result; and, as I before said, I have never had a case of post-scarlatinal dropsy, where I have persistently used *Digitalis*; therefore, I would call the attention of the Society to this remedy, suggesting that the members give it a fair trial when the opportunity offers. I never use it except in cases where there is high fever, pulse very rapid, *full*, bounding, regular, skin very red, especially the face and neck, almost purple, feet and limbs cool or cold, suppression of urine, great restlessness and irritability, perhaps delirium.

I fear that too many physicians are in the habit of prescribing by routine, and because the case is scarlatina must perforce give *Belladonna*, or because it is some other disease must give something else, thereby prescribing *at* the name, instead of prescribing *for* the condition; whereas every one should individualize every case, and give such remedy as seems most appropriate to the individual case in hand, guided, also, by the light of experience, without being controlled by the idea that A, B, or C, says that such and such remedies are specifics for such and such diseases. By following this course of reasoning, upon studying and individualizing every case, using such medicines as seemed most appropriate to each separate case, and *in such potency* as the exigencies of the case seemed to demand, and with proper regard to sanitary and dietetic measures, I have had no cases where the sequale proved serious, and have never yet been unfortunate enough to have a case of scarlatina prove fatal.

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AVOIDABLE OBSTACLES TO HOMŒOPATHY.

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HOMŒOPATHY has had many obstacles to contend with from the time of its birth. It has been attacked upon all sides by partisans of the old school who have hesitated at nothing in their attempts to check its progress.

Homœopaths are made the butt of ridicule in the allopathic colleges; are sneered at upon every occasion; attempts are sometimes made to ostracize them from society; their unsuccessful cases are exaggerated, and all manner of tales put in circulation in regard to them; in fact, every conceivable obstacle is thrown in their way. All great reforms have passed through very much the same ordeal, and wherever they have been really good and true, nothing of this kind has ever affected them materially.

All these are the *natural* and unavoidable obstacles to Homœopathy, the result of competition, self-interest, and the prejudices of the people. In spite of it all, however, Homœopathy has spread rapidly, showing that *these* obstacles have no power to check its progress.

There are other obstacles in its course which have injured it, and will continue to do so, unless removed. These are the *internal* and *avoidable* obstacles. We can place them under three heads. 1. *Materia Medica*. 2. "Potencies." 3. Pathology.

Materia Medica. The voluminous and unreliable *materia medica* forms a terrible stumbling-block to the student of Homœopathy. It seems as though the idea was, to get *as many symptoms as possible* for each drug—regardless as to whether they are veritable drug-symptoms, or personal symptoms peculiar to the prover, or symptoms arising from other causes—and to search for medicines amongst all kinds of matter, sometimes too foul to mention, while there are plenty of well-known and "respectable" drugs, which, if properly proved, would furnish all that is required for the removal of disease. The consequence is a *materia medica* of many volumes and almost useless

in a practical point of view. If reprovings could be made upon the plan proposed by Dr. J. P. Dake, at the meeting of the American Institute of Homœopathy in 1873, and lately followed by Professor Wesselhoeft, of Boston, and Professor Jones, of Ann Arbor, we would have a *materia medica* of some practical value, and not half so large as now.

“*Potencies.*” The question of “potencies” seems to have aroused a spirit of contention in the Homœopathic fraternity, almost as bitter as any between the old school and the new. These dissensions surprised me as they have many others who have turned their attention towards Homœopathy expecting to find the most perfect harmony. Why this feeling should exist I cannot see, for Homœopathy does not mean small doses, nor high nor low “potencies.” These should be left to the judgment of the practitioner; *all* who practice under the law of *similars* being Homœopaths. The question of dose or quantity is not considered a cause for contention amongst the allopaths, each physician being considered capable of using his own judgment in such matters.

The heat of this combat seems to be greatest among “high potency” men, they setting themselves up as the *only true* Homœopaths or followers of Hahnemann. In all their clinical writings they invariably report the attenuation of a remedy, whereas with others that matter is considered quite unimportant.

I notice frequently, in articles by some of the advocates of “high potencies,” the term “*pure Homœopathy*” applied to their system of potentizing remedies. This places them in a very ridiculous light. It appears as though they had a patent right, and they were afraid some one would infringe upon it, or try to interfere with their business by introducing a spurious article (as is often done by tradesmen and manufacturers), and they were anxious the public should know that they were the only “*original Jacobs.*” In reading clinical reports I have often come across the words “Fincke,” “Jenichen,” etc., placed immediately after the name and potency of the remedies employed, as though nothing could be *just right* except under these talismanic words.

There can be no such thing as “*pure*” nor “*spurious*” Homœopathy; it is well defined in three words — “*similia similibus curantur*” — and *all* who accept this and follow it are Homœopaths, and *none others*, however high their “potencies” may be, and however close their adherence to the “single remedy.”

The Homœopath must employ the *similar remedy*; and in order to

do this successfully he must, first, know from thorough and careful provings, and not from somebody's imagination, what his several remedies are found to do in the healthy human body ; second, he must give his remedy in such form and quantity as to make the impression required ; third, he must repeat his dose and regulate the circumstances of his patient as each case may demand.

Pathology. A great obstacle to the advancement of Homœopathy is the position taken and articles published by some of its would-be leaders against pathology. It cannot be possible that they wish to lower the standard of education amongst Homœopaths. If they do *their* downfall is certain.

If they drop pathology, why not drop anatomy, and physiology, and chemistry, from the list? Why not, indeed, drop *every* branch from *their* catalogue which is taught in the allopathic colleges? One is as important as the other, and to the physician they are all important, each one filling its own niche, yet all working together in the common cause. Pathology is nothing more than physiology plus disease, or, "sick physiology." The student must be well acquainted with physiology before he can understand pathology, and must be familiar with anatomy before he can understand physiology. Now any educated man knows that a physician cannot be *too* well acquainted with the human system and its affections ; and to become acquainted with them he must make himself familiar with these studies.

They say that Hahnemann was opposed to pathology, but I think he only cautioned against it as used by the old school instead of symptomatology in the administration of medicines. *They* say that pathology is *materialistic*. In this I agree with them fully. What are they dealing with but *matter*? There is nothing very *spiritual* in a case of cholera morbus or delirium tremens ; such an argument is too ridiculous to answer. To the *bodily* and not the *spiritual* ills we minister. With a good knowledge of anatomy and physiology, the physician goes to pathology, and is able then to compare the human system, in a state of health, with it in states of disease. Pathology proves itself to any enlightened mind to be but a proper generalization of symptoms. By its synthesis and affixing of names to different groups of symptoms as found in disease, a physician can readily and quite satisfactorily get a picture of the complaint. His diagnosis and prognosis will be based not only upon the symptoms *present*, but also upon symptoms or changes, antecedent and subsequent, characterizing the case. Not unfrequently, the physician must make an examination of the part diseased ; but of what use would such an

examination be to him if he was not familiar with pathological anatomy and the course of pathological changes?

The course taken by these parties has led many to prefer to graduate from allopathic colleges, reading Homœopathic practice and materia medica afterward, feeling that they will be better prepared as physicians by so doing. This is a decided detriment to Homœopathic institutions; and if they would have it otherwise they must let it be known that they are as thorough in their teaching of the fundamental principles of medicine as the old school.

All these obstacles, although very great, can be easily removed, leaving Homœopathy in a better condition than ever. By an earnest endeavor upon the part of the Homœopathic fraternity to have a thoroughly reliable and practical materia medica; by discountenancing all illiberality as to doses; by having our students as thoroughly educated in *everything* pertaining to medicine as possible, and, in fine, by evincing a determination not to be led by the nose by a few wild enthusiasts, we shall advance with rapid strides until our great therapeutic law is universally acknowledged.—*From the American Homœopathist.*

ALUMNI ASSOCIATION OF BOSTON UNIVERSITY SCHOOL OF MEDICINE.

THE annual meeting of the Alumni Association of Boston University School of Medicine was held at the College Building, East Concord Street, on Thursday, March 7. The meeting was well attended, and proved a pleasant gathering. Addresses were made by the President, J. C. Gallison, M.D., and by the Orator, A. H. Tompkins, M.D., the full text of which we give in our columns. The following officers were elected for the ensuing year: *President*, Herbert A. Chase, M.D.; *Vice-President*, Almena J. Baker, M.D.; *Secretary*, Jas. Wilkinson Clapp, M.D.; *Orator*, Sarah E. Sherman, M.D.

ADDRESS

*Before the Alumni of Boston University School of Medicine, by the
Retiring President,*

J. C. GALLISON, M.D., OF BROOKLINE.

Classmates and Associates,—It is with a thrill of pleasure that I welcome you again to these familiar halls, mingled with a feeling of regret that no efforts of mine can do justice to the occasion, or speak the words which the hour should call forth.

It is of vital importance to our integrity as an association that we “forget not the assembling of ourselves together” for mutual counsel and comparison of experiences. I propose to call your attention for the hour to subjects that, to me at least, seem of more than passing interest. Therefore, instead of philosophic or scientific discussion, with the customary manipulation of the medical kaleidoscope, that by some happy chance may be evoked some new array of fantastic forms, or the summoning of the shades of ancient medical heroes, and urging the weary ghosts through one more solemn evolution, let us deal with live issues and problems demanding immediate solution. “Medicine needs more fact and less theory.”

Hippocrates, Celsus, Brown, and Bichat, with their Naturalism, Eclecticism, Stimulism, and Vitalism, may for once lie quietly in their troubled graves. We will forbear to call them forth to the customary dress-parade upon occasions like the present; we mount no favorite hobby to gallop along their misty ranks.

As Alumni of Boston University, it becomes us to consider well our position, duties, and privileges. We occupy an anomalous position, differing in many particulars from all other medical associations in the country. We are, and must continue to be, the champions of a new medical departure,—the advance guard of a mighty army sure to follow us as time moves onward. Like the advance pickets of an army, we hold vital interests in our keeping, while it increases our efficiency to know that we have a powerful force to support us, and to whom we can look for needed assistance. If true to our trusts, honor awaits us; if false to our teachings, the coming hosts will sweep us aside or trample us in the dust.

As students, sincerely and earnestly desiring to learn the truth and best to equip ourselves for the arduous duties before us as practitioners, we humbly approached the arena where our training was to be perfected. How vividly we recall our surprise at the babel of

confusion that greeted our eyes and smote our ears. We beheld "the smoke of the battle afar off, the thunder of the captains and the shouting." Involuntarily we inquired the cause of such fierce partisan warfare in the ranks of scientific men. Why more fervor in defending theory at any and all hazard than zeal in discovering the exact truth concerning the subjects of dispute?

Anon we learned of the dominant schools and of the fierce and relentless warfare waged upon the "New School." No denunciation seemed too bitter and sweeping, no anathemas too fierce, to hurl at and heap upon those who assumed to be its exponents; they are met at every turn with scorn, vituperation, and ridicule. We again asked, "Why such methods of warfare, instead of the manly and dignified method of listening patiently and investigating thoroughly?"

We were attracted to Boston University by its "scientific and practical catholicity." Its doors opened wide to admit us. Our closest scrutiny into all its methods of teaching was encouraged and aided to the fullest extent. We were asked to pronounce the shibboleth of no party or sect. "*Absolute liberty in science*" was written in fair and living characters upon her inmost walls. Instead of the almost "invariably narrow, exclusive, and illiberal teaching of all old-fashioned schools of whatever party, the professors in the new one 'protest against the establishment of any creed or standard of orthodoxy or regularity, as fatal to freedom and progress,' and place among 'the essential qualifications of a physician a thorough and complete knowledge of all the direct and collateral branches of medical science, as it exists in all sects and schools of medicine,' welcoming every new discovery, from whatever source, as so much added wealth."

After thorough training under teachers—a large proportion of whom, having had the advantages of foreign study and observation, were rarely equalled, and never excelled in their earnestness, thoroughness, and effective teaching—we were granted our diplomas, which do not simply represent the *party school*, but the "non-partisan university corporation;" and any incorporated State medical society in the United States is invited to unite in testing our fitness for the degree conferred.

We were granted our diplomas, not because of our fealty to any "system," "dogma," or "pathia," but solely because we had complied with the requirements of graduation, and, after thorough examinations, were deemed by those high in authority as qualified by education and practical training for active medical life.

In due time we became the regular graduates of a university chartered by the good old Commonwealth. Our courses of study, examinations, and requirements, for such graduation, were the equal of any medical school in this country, and challenge comparison. Persons of culture, and whose names rank among the first in literature, science, and theology, were our frequent visitors, and championed our cause. Judges, representatives, senators, governors of the Commonwealth, and the Vice-President of the United States, have graced our graduating exercises, and encouraged us by their kindly words, as class after class has exchanged the student for the professional life.

For us in the present there is little rest and less peace. Those of us who are numbered among the elder graduates, and who have been in the van of the battle, have well learned that there are thrusts to receive as well as blows to be given. We cannot, therefore, too carefully inspect our armor, searching for, and thoroughly repairing, all imperfections. No defective weapons, or half-clad warriors, can long survive in this contest. No venerable and hoary Alma Mater throws around us her protecting arms, and shields us from adverse storms in her maternal bosom, excusing our palpable errors, and throwing over our shortcomings the dusty mantle of eminent respectability.

No ancient and haughty medical society, with Pharisaical assumptions of superior wisdom and superior virtue, grimly frowns upon all who presume to inquire of us the how and the why of medical practice, and thunders edicts of excommunication against all who, in the search of new truth and light, dare venture from the beaten paths. The ridiculous position assumed by the so-called "regular" school towards the application of the homœopathic law, has in a great measure made *that* the test question; and in the fierce partizan conflict, it has become the pivotal position upon which the battle seems to turn.

The Medical College of Boston University, in some particulars, occupies a position differing widely from all preceding medical schools of the country: Situated in a city whose reputation as an educational centre is known and respected in all climes, and whose boast it is that among her people at once are found the coldest conservatives and the most daring radicals, the closest scrutiny of our acts and teachings will consequently follow, and be largely accepted as the oracular utterances of the most advanced and aggressive exponent of the new school.

As a vital part of a University, munificently endowed, it has striven

for, and at once obtained, a front rank among the leading educational forces of the country, and, as clearly seen and foretold by Dr. Hughes in his recent visit, will soon become the leading medical college.

Homœopathic colleges in other sections of our country have been, and now are, isolated schools, existing independently, and not as integrant parts of universities, under a common management—the University of Michigan alone excepted—and the latter, as we well know, is now under fire from all points. The most inexcusable and ridiculous attack ever made upon any institution, ancient or modern; an attack which strives to turn backward the hands of the medical clock for hundreds of years, and nearly persuades us that we are living in the dark ages. “The extreme attitude assumed is of itself a confession of weakness,—an attempt to force conviction by arbitrary means, rather than a manly and fearless endeavor to meet the questions at issue, and discuss them with the calmness of men who desire to know the truth, the whole truth, and nothing but the truth!”

Viewed from whatever standpoint it may be, Boston University must of necessity become the leading Homœopathic medical school of the country; and we, as her offspring, must soon become, as one of our honored teachers in a recent article declares, “Students who are soon to constitute a formidable power in medical reform; or, if we fail to lead them aright, a crushing weight which we have rolled to a dangerous height.”

As the Alumni of Boston University, it should ever be our just pride and boast that she has never required of us pledges or oaths that limit our power or paralyze our efforts. Rather has she encouraged the largest liberty of individual opinion, requiring only that we shall investigate with unprejudiced, patient, earnest search, and in a true scientific spirit, *every* subject connected with professional study, “including a thorough knowledge of the homœopathic law.”

Thus she sends us forth as her ideal physicians, and ours will be the fault if we are found wanting in the hour of trial.

While, therefore, we are the avowed champions of the “new school,” and bound by our faith to honor her cause and be ever ready to protect and defend, remembering, as some one has well said, that “homœopathy is not a modest theory, to be flirted with and flung aside at pleasure,” let us also remember that the entire domain of medical science, and all its collateral branches and sister sciences, are as much ours as they are the property of any school of medicine in existence. Medical practice is no invention protected by letters

patent, neither is it the exclusive property of any body of men on earth!

While "demanding for ourselves, and according to each other, the largest liberty of individual opinion," touching matters as yet in dispute, let us regard, with merited scorn, those hypocritical pretenders who, through fear of not obtaining business enough, become medical weather-cocks, facing in any direction from which the favoring breeze may chance to blow.

If emergencies seem to demand a departure from the *necessary limitations* of the homœopathic law, we should do it openly, fearlessly, honestly, claiming the privilege, as we have the right, to treat our patients in any way that in *our* judgment, as physicians, their case may demand, instead of the despicable, sycophantic, crawling in the dust for paltry coppers, after the manner of the hypocrite who blows hot or cold, as occasion may seem to require,—“Either way” people whose method is dishonest, and duplicity despicable! May their progeny be as limited as that of the other long-eared hybrid, whose genealogical tree so suddenly ends in a *stub*!

As graduates of Boston University, we practise according to the homœopathic law from *choice*, and because, by so doing, the best results attend our efforts, and *not*, as is often charged, because of *ignorance concerning other methods*.

While upon our banner we have inscribed HOMŒOPATHY, and made “*similia similibus curantur*” our battle cry, let us never forget that medical liberty is the grand object for which we do battle, and see to it that we do not degenerate into mere partisans, and allow the interests of party to control us more than the advancement of science, or of public welfare. While we are the avowed defenders of homœopathy, let us also show that we are what is vastly grander than all theories,—the champions of independent medical thought and action, untrammelled by shackles of ancient or modern forging. In our zeal to defend some engrafted side issue or favorite theory concerning matters of secondary importance, let us not be found in the ranks of those who are “more zealous in refuting one another, than anxious to establish the truth concerning the subject of their dispute”—noisy declamation may confound, but it will seldom convince—ever keeping in mind the vital fact that we should be simply physicians, *true* physicians, ministering to the welfare of the sick, struggling to prevent and to cure disease, instead of becoming partisans, waging a clannish warfare upon all who may honestly differ from us in our favorite opinions. We should ever be more earnest

in establishing medical facts than in exciting speechless surprise by the narration of fabulous cures in hypothetical cases. Observations properly recorded and temperately discussed in a true, scientific spirit, never yet injured the reporter or the profession, and is the true way to make permanent advancement, and to relieve practice to some little extent from the uncertainty which is attached thereunto, like a tantalizing shadow. Those who are so sure they are right, and so eager to claim wonderful "cures" from the fortunate result in occasional cases treated by them, it would be mere loss of time to talk to. Too often we are forced to listen to the narration of marvellous cures of scores of some one type of disease, met by a single practitioner, when the entire inhabitants of his locality, including the neighboring physicians, must have been prostrated by it!

It has, in this connection, been well said, that "mere personal pride or ambition — non-vital differences of opinion between ourselves — should be submerged in our pride for our profession and our ambition for its promotion. The dangers that threaten us to-day are not so much from without as from within." Let us therefore avoid useless discussion in defence of mere theories, and labor the more earnestly and unitedly to establish facts.

The shores of the medical ocean are strewn with the wrecks of theories of the past. Some have sunken from their own inherent rottenness; some have stranded in overwhelming partisan storms, while many others have been shattered by explosions from internal fires. The theory of Allopathy is amid the breakers, and fast drifting to seeming destruction. If to save our own good ship from disaster, we may be called upon to part with something of her theoretical freight, let us firmly resolve that she shall never suffer shipwreck from mutiny and rebellion. Let us then look well to our shipping-lists, and order ashore or overboard all lubbers and stow-aways.

As defenders of the New School, and especially as Alumni of Boston University, it becomes us to closely inspect our ranks, and to "send the bummers to the rear." The public who confound us with the itinerant venders of pills, so often represented by dilapidated clergymen, bankrupt shoemakers, or advertising dealers in so-called "homœopathic specifics," have yet much to learn, and it is at our hands that such education must be given, and in a manner to do justice to ourselves and honor to our Alma Mater. To be known as a graduate of Boston University will, in coming years, be our proudest boast, if we are true to the spirit of her teaching.

Homœopathic quacks should no longer be allowed to misrepresent our school, and to deceive the too generous public who so often think that when they have tried these miserable pretenders, they have tried homœopathy.

“The homœopathic quack is a cunning, adroit, unscrupulous fellow. His stock in trade is a box, a book, an electrical machine, a large amount of “brass,” and a limitless capacity for lying. He affects electricity, magnetism, surgery; and sometimes makes a specialty of eye diseases or cancer. He has no education, but exhibits a little diploma which was obtained by purchase, without his attending a single lecture, from some obscure and disreputable college. He blunders in the homœopathic practice, makes a thousand mistakes which his patients, of course, cannot detect; fails to cure chronic or difficult cases; makes mild ones severe, and short ones long; and, ignorant of the real resources of our art, experiments with every new thing. He is usually exposed and repudiated at last, but not until he has given homœopathy a bad name and a poor record.”

Too frequently we find students, even of our own University, assuming the knowledge and skill of mature practitioners, and doing immense damage to our profession by their premature and often ridiculous attempts to practise something which they call homœopathy, upon the too-confiding public. Such suicidal policy cannot receive too severe a condemnation from our lips. In this connection I cannot do better than to call your attention to the following well-written words from the *New England Gazette*, Sept., 1876.

“There is one evil not incorporated into, but associated with, our schools, which is most pernicious, and demands immediate remedy. It is the permitting students, many of whom have attended but one course of study, and some not even that, to practise as opportunity offers, purely upon their own responsibility.

“Under suitable supervision this is most beneficial; without such guidance it is most suicidal, both to the student and to the profession; — to the student because, viewing the various phases of disease without a sound basis upon which to judge and act, the tendency is to make him a superficial observer, and because his chance successes pamper his intellectual vanity and forbid that humbling of the mind before the great shrine of knowledge, which is the first step towards true advancement; it is suicidal to the profession, because, in the public mind, all its members have to bear the blame of the blunders, failures, and accidents of these fledglings. We cannot think that the supervisors of our schools know to what extent this pernicious

custom is prevalent, and earnestly beg that they will investigate and remedy this evil without loss of time."

It is our imperative duty as an association, to denounce all such pretenders, and to earnestly protest against their puerile efforts. In justice to our Alma Mater, whose welfare is so closely entwined with ours individually, and whose honor we should ever guard as our own, let us, by all suitable measures, endeavor to increase our efficiency as practitioners, hers as an educator, and to urge upon all the elevation of the standard of medical education, resolving that we will recognize those alone as Doctors of Medicine, who have proven their right to the title, and honestly earned recognition as such.

In closing these somewhat desultory ideas, hurriedly penned in moments snatched from practice, allow me to express the hope that we shall ever continue to concentrate our efforts for the common good of the profession, and as Alumni of Boston University, to prove worthy of the "high estate wherewith we are endowed." In the not far distant future, ours will be the fortune to receive the standard of Medical Liberty from the failing grasp of those who now are in the van of the battle, so valiantly and so successfully waging warfare against bigotry and injustice,—and ours the duty to sustain, defend, and advance.

The old, old charge by our opponents, of ignorance and lack of medical education, so often made, and frequently so much deserved, is fast becoming obsolete, and the newer cry of *fraud*, "the giant fraud of the nineteenth century!" is urged with fiercer energy, and in tones which partake something of the nature of despair. Since we can no longer be successfully called fools, we must of necessity be knaves. Homœopathy must *not* be acknowledged true, even if the heavens fall!

What with our munificently-endowed colleges, our enthusiastic and self-sacrificing professors and teachers, with something of enthusiasm born of opposition on our part as Alumni, there is yearly going forth an array of thoroughly-equipped medical warriors, ready to cross swords or *break a lance* with the doughtiest and most valiant of those who affect to look with scorn upon all who dare to investigate and to practise homœopathy.

CONDITIONS OF PRACTICAL SUCCESS.

An Address delivered before the Alumni Association of the Boston University School of Medicine, March 7, 1878, by

A. H. TOMPKINS, M.D.

Fellow Doctors: — If there be one among us who is not already persuaded in his own mind that unusual skill in the application of remedies is no necessary part of unusual practical success in the medical profession, that conviction is certainly in store for him.

Further, I suppose, that not even in exceptional cases can unusual therapeutic skill be truthfully pointed out as the main factor of eminence among the noted practitioners of the present day. In fact it is fairly questionable whether in the dominant school, especially during the decadence of their faith in medicine, covering the last thirty years, diagnosis has not been esteemed the more important accomplishment of a physician. And there is some reason for this exaltation of a properly subordinate element in a doctor's outfit in the fact that our communities are quite largely made up of those who will go to a physician simply to know whether they are going to live or die, asking not medicine, but an opinion; and apparently equally well-satisfied that they have received their money's worth, whatever the verdict. We will not argue from this the small account of therapeutics, especially as we belong to a school whose mission is felt to be the restoration of this branch of the art to its naturally commanding position.

If by calling attention to the lack of necessary dependence of professional success upon unusual remedial skill, I thereby point you more clearly to the importance of other factors, my purpose will have been fulfilled in this regard. To learn to deal with disease is one thing; to learn to deal well with yourself and the world is quite another task, — one almost intuitively known by some, to be sure, by others, if finally mastered at all, it is only by hard study and experience. Now if one should rise from our midst or come to us from afar, and convince us of his ability to reveal an infallible rule of future success in the world, would we not lend him willing ears? After these three years of struggling with the unknown, but the must-be-known, years of tedious study and large expense, in many cases, also, of absence from home and friends, what more welcome revelation could there be? Some of us have added from one to four years of practice to this period of preparation. But who of us all would not listen

eagerly to him who could impart this wonderful information? Such the interest of my theme, but alas! I can but discuss with you, not reveal, conditions of success. What are they? How shall we make them ours?

It would be but the tritest of wisdom to name many of these conditions, since they are such as every worker, in whatever vineyard, knows well are requisite to success. Can the physician succeed without industry better than the farmer? Assuredly not. His moments of undisturbed possession of his office must not be moments of idleness, if, when called to a bedside, he would meet his duties without dismay.

His own health! May he neglect that because his work is to restore others to health? If there be any prime factor in a physician's fortune it is *good health*. It not only permits him to attend a great number of patients, it is itself a power in the sick-room. From strong life, emanates life which the sick bathe in with inward rejoicing. Three-fourths of their pleasure at the sight of the doctor springs from the cheer he sheds upon them from a strong vitality and a warm heart.

No better than an expressman can he afford to neglect promptness and faithfulness in answering calls. Can any one be successful in any satisfying sense of the word, who does not maintain an honorable reputation among those with whom he deals? If there be such he is not a physician. And what of worthy action is not included in the idea of an honorable man? He must scorn evil speaking; attend no less faithfully the poor and unfortunate, who may appeal to him, than the rich and influential. He cannot be intemperate and have a reputation which, as a whole, his posterity will care to recall. His word must be sufficient guaranty of the fact in all cases.

Then beside these qualities needful to all, there are others, peculiarly needful to commend a physician to his patrons. As a confidant his faithfulness must be absolute. He must not only suffer with the afflicted and rejoice heartily with those from whom burdens are lifted, he must learn to *express* this sympathy warmly.

His manner in the sick-room must be circumspect, his words well weighed, his touch gentle. He must not be too easily surprised by anything which may be told him, nor have his poise too much disturbed by unexpected events.

An active part in public affairs is not indispensable, but an assiduous attention to social duties, so far as leisure permits, and the cultivation of a hearty pleasure therein may not be neglected.

These methods of commending ourselves to our communities are entirely justifiable.

There are others in vogue which, as not tending to increase the self-respect of those who practise them, I could not recommend. As, for instance, hasty driving through the streets, with no errand but to convey a false impression of the importance of your haste; attending the fashionable church, though it be none of your honest choice. In short, hypocrisy of all sorts is not to be cultivated.

If we make ourselves worthy of a large clientage by thorough information, tact in our intercourse with people, and faithfulness in attendance upon the sick, this will leave us neither space nor inclination for deceitful bids for favor.

I am aware that so far I have uttered but the common thought about these matters,—told you only what you knew as well before. But it is far easier to know what is right to do, than to insure our doing it. Doubtless we all feel the insufficiency of a *knowledge* of good merely, and the difficulty which remains of a wise conduct of our own lives. In one direction, however, we may, perhaps, win a coigne of vantage.

We too often live as a carpenter would build, who should attempt to rear a modern house with all its ins and outs, its turrets and towers, bay-windows and porticoes, without so much as a sketch to direct him. Imagine it. The hesitations at every new step, the never-ending disappointments as to the fitting of one part to another, the constant alterations, and the final lack of harmony in architecture, more disastrous than all, the total miscalculation as to cost! Are not these analogous to some of the trials which we experience in our lives? And why should not many of our difficulties yield to the same remedy, namely, a deliberate *plan* of that which we would do. Now witness the unconcern with which the carpenter really does go to work, on however elaborate an edifice, with his diagrams before him. If good at figures, he knows within a very small margin what it will cost, and how much he will make on it. There is no loss of time in going from one detail to another. He sleeps nights. He is at work, and knows what he will do from day to day.

Are not our lives more than houses, and yet quite as amenable to the advantages of pre-arrangement, and, so far as possible, pre-determination according to the laws of symmetry and beauty? If there is a secret of success in life, one which deserves prominence above all others, I believe it is a *diagram* to follow. Survey the field. What do you wish to do? What are your resources? What is it

reasonable to expect of yourself? If you cannot foresee the completion of your work as can the carpenter in house-building, you can at least *plan your course*, as the master that of his ship on a voyage of discovery.

To *plan*, if but for a day, or an hour, is one of the inalienable rights which you can never be so unfortunate as to lose, never so wicked as to forfeit. Plan, if it is but to die gracefully the next hour. Plan, if it but concerns the spirit you will carry with you to the asylum for the poor.

How much ought you to do to-day, to give you a good title to the food you eat, the clothes which you wear out, or the rent of the house that shelters you? Plan to do so much, or plan to take the possibly ignominious consequence of your failure so to do.

How little per year can you live on respectably? Calculate it boldly and do not fail to provide for some contingencies.

How much recreation and sleep do you require for the maintenance of your health; or, if it be poor, for its increase?

Take frequent surveys of the status as regards this matter. Ask yourself what effect your habits thus far have had upon your bodily integrity, and answer unflinchingly. If you believe your circumstances will permit you to do better for yourself in this respect, plan a course to that end, and, as before, don't be surprised at the consequences.

When you have prescribed for a patient who is likely to return for further treatment, by all means plan what you will do next for him, providing his condition is not materially changed. Even if it has, your study will not be lost.

Never make a visit where you have had any means of knowing the nature of the case, without planning what you will do, or at least from what class of remedies you will choose.

In this way you will save yourself the appearance of doubt or hesitation, neither of which will conduce to confidence in your skill. Forecast as far as may be what sort of questions you will be asked by the friends of your patient, and plan the general drift of your replies, that you may not be surprised into speaking unguardedly. Again, if there is one rule by which all the elements of success may be marshalled to victory, that rule is "Plan." Determine what you ought to do under the circumstances and then do it, "if it takes all summer." If the prospect of work appals you when looking into the future, don't look so far. Plan, if need be, only for the next stroke; but see to it that so much of planning you do.

I must speak of one more contingency in particular which you must

plan to meet, unless you are playing a lone hand. In other words, if there are other physicians about you, determine in what spirit you will feel and act in case you are superseded in the care of a patient, even under peculiarly aggravating circumstances. Decide what is the philosophical attitude in such a case, and be sure that it will be the most dignified, and, ultimately, the most to your advantage in every sense.

Finally, yet first in the true order, we should be ready to meet whatever of so-called evil may knock at our doors. Many are evils only as they excite such ignoble emotions as fear or despair. Death surely is one of these. Appointed unto us all, it is as natural as birth. Yet, if we feel that a life of charity toward all—in that sense of the word in which the Scriptures aver it is the *greatest* of sacred truths—if such a life be not sufficient preparation for the change, by all means let us attend first to whatever more we feel to be required.

True evils, alone, should not be prepared *for*, but rather *against*. These can be only our own dishonorable or unworthy deeds, or the same in those about us, which our influence is not put forth to prevent.

In ourselves preparation against many such evils consists in planning against surprise in the moment, when we may know, if we will, temptation shall come.

The man whom nothing daunts, is he alone who has looked with level eye into the face of every threatening emergency, and knows that whatever betides, God will be his strength, if he but keep himself erect in readiness to meet it.

DR. DANIEL A. BABCOCK, for some years associated with Dr. Henry B. Clark, of New Bedford, has taken the practice of the late Dr. Barrows, of Taunton.

Dr. Babcock is a thoroughly competent physician and a gentleman of ability and refinement, and we predict for him a successful practice.

WE are happy to welcome another Homœopathic journal to the field, the *Clinical* (St. Louis) *Review*, edited by Philo G. Valentine, A.M., M.D. The initial number contains some excellent articles by Professors Cummings and Franklin, and Dr. Campbell, of St. Louis; Dr. Jenney, of Kansas City; and Dr. Dake, of Nashville. The salutatory has the right ring to it. We trust the editor will have the generous support of the profession.

HOMŒOPATHIC REUNION.

Each year, since the great Fair in 1872, which raised \$76,000 and practically established the Massachusetts Homœopathic Hospital, the participants in that pleasant affair have come together in a "Reunion," and each time, besides making it a joyous occasion, they have added a goodly sum for the payment of the current expenses of the Hospital. This year the Reunion will be at Music Hall, on Friday evening, May 10, when the Germania Band will discourse sweet music; Dooling will give his sweetest of refreshments; and while those who are young, or "would be young again," are "tripping the light fantastic toe," the elders will enjoy the scene none the less, by the feeling that their presence is contributing to the success of a noble charity. Let every friend, and, at least, every Homœopathic physician, be present.

Tickets, which are only \$1.00 each, may be obtained at Otis Clapp & Son's, Oliver Ditson's, and of Homœopathic physicians.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE COMMENCEMENT.

THE Eighteenth Annual Commencement was held at Chickering Hall, on the evening of Thursday, Feb. 28, 1878. Every portion of the great hall was crowded with ladies and gentlemen from the best circles of New York society. The exercises of the evening were opened by a prayer from the Rev. Dr. Tucker, of New York City. The Dean, Prof. Dowling, then gave an introductory address, after which the degrees were conferred upon the graduating class by Hon. Salem H. Wales, President of the Board of Trustees.

The Secretary of the Faculty, Prof. Bradford, then presented certificates to the Juniors who had passed a satisfactory examination in any or all of the Junior studies; after which Prof. Helmuth, in the happiest manner, conferred the prizes upon the various successful competitors in the Senior and Junior classes in the following order, viz.:—

1. *Faculty Prize: A Fine Microscope, \$100.* Conferred upon the graduate attaining the highest grade of scholarship through the whole course,—to G. R. Stearns, of Buffalo, N.Y. In connection with this prize, the following graduates received *Honorable Mention*: C. A.

Walters, Jr., of Greenpoint, L.I.; N. W. Rand, Francistown, N.H.; T. W. Swalm, of Mahanoy City, Pa.

2. Prize presented by H. B. Millard, M.D., to the Best Operator on the Cadaver, and showing the most aptitude for Surgery. *A Fine Set of Operating Instruments*, to Thomas Dickenson Spencer, of Utica, N.Y.

3. Prize "*Allen Gold Medal*." For the Best Original Investigation in *Materia Medica*. Gold Medal to Edward Chapin, of Chapinville, N.Y. *Apocynum Cannabinum*.

4. *Prof. Burdick's Prize*: "*A Pair of Obstetrical Forceps*." For the Greatest Proficiency in the branch of Obstetrics, to G. R. Stearns, of Buffalo, N.Y. *Honorable Mention*, Wm. H. McLenathan, of Jay, N.Y.; Henry Von Musits, of New York City; B. C. Shenstone, of Brooklyn, N.Y.

5. *Prof. Lilienthal's Prizes*. "A," For the Best Record of the Medical Clinics held at the College, *Pocket Case of M. Potencies*, to Arthur A. Camp, of Brooklyn, N.Y. "B," For the Best Thesis on Nervous Disorders, "*Wickers on Nervous Diseases*," Lond. 1878, to C. A. Walters, Jr., of Greenpoint, L.I.

The subject of Mr. Walter's thesis was "Chorea." These two prizes were adjudged by medical gentlemen not connected with the College in any way.

6. *Prof. Helmuth's Surgical Prize*. For the Best Record of the Surgical Clinics held at the College and at Ward's Island Hospital, "*A Very Fine Pocket Case*" of *General Operating Instruments*, to H. C. Blauvelt, of New York City, of the Junior Class. *Honorable Mention*, Arthur A. Camp, of graduating class.

7. *Wales Prize*. Presented by Hon. Salem H. Wales to the member of the Junior Class attaining the Highest Grade of Excellence in the Junior Branches, to E. V. Moffat, of Brooklyn, N.Y. "*A Helmuth Pocket Case*" of *Instruments*. *Honorable Mention*, J. W. Cander, of Syracuse, N.Y.; R. M. Weed, of New York City.

J. T. O'Connor, M.D., Professor of Chemistry, then delivered a most excellent Valedictory Address on behalf of the Faculty to the graduating class, after which B. C. Shenstone, M. D., delivered the Valedictory Address on behalf of the Class.

The Rev. Dr. Tucker, after an address, giving some well-chosen advice to the graduating class, closed the exercises of the evening with the Benediction.

The following is a list of the graduates:—

H. J. Beals, New York; S. M. Johnson, New York; C. K. Belden,

New York ; J. Kastenduck, New Jersey ; T. P. Birdsall, New York ; G. Lounsberry, New York ; G. C. Blaklock, New York ; C. McDowell, New Jersey ; M. M. Rose, Calcutta ; W. H. McLenathan, New York ; L. T. Botsford, New York ; E. J. Morgan, Jr., New York ; A. A. Camp, New York ; H. Musits, New York : Eugene Campbell, Iowa ; J. L. Nevin, Pennsylvania ; J. H. Chamberlain, New Jersey ; N. W. Rand, New Hampshire ; E. Chapin, New York ; O. S. Rich, New York ; O. C. Cole, New York ; B. C. Shenstone, New York ; G. W. Crosby, New York ; T. D. Spencer, New York ; A. M. Curtiss, New York ; C. E. Stark, Connecticut ; J. G. B. Custis, District of Columbia ; G. R. Stearns, New York ; R. N. Dennison, M.D., New York ; E. C. Strader, New York ; W. A. Durrie, Jr., New Jersey ; J. J. Sutton, New York ; W. E. Gorton, New York ; T. W. Swalm, Pennsylvania ; H. W. Garrison, New York ; C. S. Van Schoonhoven, New York ; H. D. Gould, New Hampshire ; and C. A. Waters, Jr., New York.

THE Annual Meeting of the Massachusetts Homœopathic Medical Society was held at Wesleyan Hall, Boston, on Wednesday, April 10. A full report of the proceedings will be given in our next issue.

WE have received from Dr. J. Pettet a copy of his *North American Homœopathic Directory*, for 1877-78.

The work contains a full list of the Homœopathic physicians in North America ; also notices of the different Homœopathic colleges and publications. Its appearance is quite neat and attractive.

SOCIETIES AND INSTITUTIONS.

THE ANNUAL REUNION OF THE FRIENDS OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL, ON MAY 10. — In the Hospital building on East Concord Street, opened on May 4, 1876, three important facts have been proved : First, That it is the best ventilated hospital in the city. Second, That the average weekly cost per patient is less than

in either the City Hospital or the Massachusetts General Hospital. Third, That the rate of mortality is lower than in either of these institutions. These facts, deduced from recently published reports, should command the attention of the friends of successful hospital treatment, and inspire renewed zeal in those who have founded and sustained an institution which has exhibited such satisfactory results.

No debt has, thus far, been incurred by the trustees of the hospital ; they are dependent, however, upon the generosity of the community for funds with which to meet the current expenses, and the "hard times" of the present year demand greater effort on the part of its friends.

Another fact in the management of this hospital may not be generally known : it is the important and equitable position occupied by women. Designed for the benefit of both sexes, women as well as men serve as trustees ; a majority of the Executive Committee are women ; a woman, in addition to her duties as matron, has many of the cares of a superintendent. The nurses are mostly women ; a sick woman has but to signify her desire to be attended by a physician of her own sex, and it is accorded to her. Women medical students have equal privileges of clinical observation with men ; the hospital is under the constant fostering care of the managers of the Ladies' Aid Association, whose frequent visits afford great comfort to the patients. Thus it will be seen that women not only give money, time, and sympathy to this hospital, but that here their judgment and executive ability, as well as their technical and professional skill, are freely and fully acknowledged.

It is the policy of the trustees, also, to permit the attendance of the family physician upon all paying patients who so desire ; a liberty unknown in the usual administration of hospitals.

The pleasant associations which lingered in the minds of those who participated in the great Fair, which resulted in the establishment of this hospital, gave birth to the idea of an annual reunion. It will be with a justifiable sense of gratitude that these same friends and co-workers will meet in Boston Music Hall, this year, on the evening of the 10th of May, conscious that they have not only founded a hospital, but that its work compares favorably with that of any other hospital, domestic or foreign. A distinguished English physician, who visited the hospital in the summer of 1876, said to a lady recently visiting in Brighton, England, "Your Homœopathic Hospital is a gem. I love to think of it, and if ever I should myself fall ill, I should crave its sunny, cheerful, pure atmosphere."

HOMŒOPATHIC MEDICAL SOCIETY OF CO. NEW YORK. — At a meeting of the Society held on the 8th of February, the following preambles and resolution, reported by Drs. Minor, Lilienthal, Dowling, McMurray, and Burdick, were adopted: —

WHEREAS, There are some physicians who, by injudicious action, have bred dissension in our ranks, in which the utmost liberty of opinion and action should always prevail; and,

WHEREAS, We deprecate such action as neither conducive to professional harmony, nor tending to the advancement of medical science; therefore,

Resolved, That, in common with other existing associations which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare, that, although firmly believing the principle "*similia similibus curantur*" to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care.

ARTHUR T. HILLS, M.D., *Secretary*.

MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY. — A regular session of this Society was held at the College building on East Concord Street, March 7, at 3 P.M.; the Vice-President, Dr. H. M. Jernegan, presiding.

The records of the last meeting, and of the Executive Committee, were read and approved.

Dr. H. M. Hunter, of Lowell, was elected a member of the Society. Papers were read on the following subjects: —

A case of Hiccough of one year's standing. By Prof. W. O. McDonald, of New York.

The report of a very interesting and successful case of Ovariectomy made by Prof. Ludlam, of Chicago.

Interesting remarks were made by the members present; after which the Society adjourned until the next regular time of meeting in June next.

GEORGE H. PAYNE, *Secretary*.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner Third Avenue and Twenty-Third Street. — *Report for the month ending March 31, 1878: —*

Number of Prescriptions	4,109
“ “ New Patients	513
“ “ Patients resident in the Hospital	33
Average Daily Attendance	158
Largest “ “	219

ALFRED WANSTALL, M.D., *Resident Surgeon.*

BOOKS AND PAMPHLETS.

STUDIES IN PATHOLOGICAL ANATOMY. By FRANCIS DELAFIELD, M.D.
New York: Wm. Wood & Co. 1878.

We have received the first two numbers, February and March, of this work. Each number contains several plates, accompanied by a full description. It promises to be a very valuable addition in the field of pathological anatomy. The reputation of Professor Delafield is sufficient guarantee that the work will be faithfully done. It is the intention of the author to issue one part a month. The first twelve parts will be devoted to the pathological anatomy of pleurisy, peritonitis, and meningitis.

THE HEART AND ITS TROUBLES. Being an Epitome of the functional and structural Diseases of the Heart and their Hygienic and Homœopathic Treatment. By GEORGE LADE, M. D. London: Homœopathic Publishing Company. 1878.

The book is not full enough for a text-book, and, in fact, the author designed it as a reference-book for the busy practitioner, merely. It may answer this purpose pretty well, although we are of the opinion that it is too much condensed.

DISEASES OF THE BRAIN AND NERVOUS SYSTEM A new work. By J. MARTINE KERSHAW, M.D., St. Louis.

This work will be issued in eight parts, of fifty or sixty pages each. Part I., Facial Neuralgia; issued April 20, fully illustrated. Each Part will treat of from three to six diseases, and be complete in itself. Price per part, fifty cents. For sale at all Homœopathic Pharmacies.

CORRESPONDENCE.

1323 CHOUTEAU AVENUE,
ST. LOUIS, MO., April 1, 1878.

Messrs. Editors: — Having had a few cases of interest to me, and enjoying so much the successful experience of others as portrayed in your very excellent GAZETTE, I will forward one which you may use or not, as you see fit. I am ever cheered at the good reports from our Alma Mater, from whatever source.

A gentleman, about thirty-five years of age, was attacked with what he supposed was chills and fever, as he had been subject to it. The symptoms were, in fact, very similar, except that the fever was continuous. *Nux*, which in my hands has proved superior to *Eucalyptus globulus*, failed to afford relief. On the third day I found the patient with a red face and severe headache, but without the *backache* of the books. I told him he was in for something serious, and advised him to keep his room. The next day I pronounced the case to be varioloid.

This went on to a degree of disfigurement which rendered recognition difficult; the face, eyelids, and body being covered with full pustules, which seemed on the point of breaking; instead of this, they subsided without discharging, under *Rhus* third, externally and internally, with one dose of *Merc.* for throat symptoms. He made a speedy and safe recovery. On his nineteenth day, his nurse, who had been inoculated in childhood, after a three days' *headache* and general ill-feeling, had a peculiar appearance of the skin of the arms and thighs for the space of a few hours only, after which there was a rough rash like skin, for a few days, and great weakness for a week or two, after which she made a good recovery; she had *Bell.* third.

St. Louis has started the first number of a new Homœopathic medical monthly, the *Clinical Review*, which I suppose you have seen. I hope it will succeed, as there is no other regular publication of the kind. Two advertising sheets by the two Homœopathic Pharmacies are quite good of the kind, embracing merely condensed items: *Luytie's News* and *Munson's Bulletin*.

Fraternally yours,

EMMA M. E. SANBORN.

ITEMS AND EXTRACTS.

THE FATE OF HOMŒOPATHY.

Some Remarks Bearing on the Nature and Causes of Recent Troubles in the New York Homœopathic Medical Society.

From the Nashville Banner.

To the Editor of the Banner:—I have carefully read the *Herald* editorial upon Homœopathy, which you so kindly sent me.

With pleasure I will explain the nature and causes of the recent troubles in the New York Homœopathic Medical Society. In the first place, there has been a misunderstanding among the believers in the law *similia similibus curantur*, some regarding it as the paramount law in therapeutics, governing the use of all remedial measures; while a large majority have considered it as belonging, rather, to a limited portion of the great field of therapeutics, and as governing *its remedies* alone. The late move in the Society referred to, was to define, by resolution or formal declaration, the views of the majority, so that their apparent principles might correspond with their daily practice.

The minority, or extremists, interpreting the law so as to condemn their fellows in the use of palliatives, and chemical and mechanical means, led the majority to adopt a resolution in February, asserting their right to practise under other principles in the great therapeutic field, outside of the homœopathic domain.

Now the resolution was no new departure,—it was but a simple expression of what was believed and done by Hahnemann himself, and by all his followers, with few exceptions.

Hahnemann never proposed to set broken bones, nor to antidote chemical irritants under the law *similias*; but under the laws of mechanics and chemistry, modified by those of physiology.

I should remark, however, that the resolution adopted was not clearly and happily worded, to carry out the purpose of its movers. It should have accurately defined the boundaries of the field in which the homœopathic law is to be followed; with the assertion that, outside of that field, other principles and laws must govern.

At a subsequent meeting of the Society, a grand rally was made by those who claimed that the action of the February meeting, in the adoption of the resolution, was an abandonment of the homœopathic law; and exciting and even ridiculous speeches were made (some of which have appeared in the newspapers), but without securing the repeal of the vexed resolution.

It seems, however, by a telegram in a late issue of the *Banner*, that the Society's action was reversed, at a yet later meeting. I confess I do not see how such reversal could be effected, knowing as I do that a large majority of the New York physicians are men of scholarly and liberal attainments, opposed to all bigotry and narrowness.

Permit me, in conclusion, to say that the principle stated in the phrase *similia similibus curantur*, is not a fancy, nor a "dogma," but a law of nature, deduced from facts in medical experience. Authors of ability, in all schools, agree that medicines help to cure, not by any friendly power; not by acting simply upon disease, but by virtue of a sick-making or pathogenetic power, and by impressions made upon the living tissues of the body.

No medicine is capable of curing, unless it is itself capable, in sufficient quantity, of inducing a condition of disorder or disease. The homœopathist simply says, "Under our law of nature, the remedy must be capable, in greater quantity, of inducing a *similar* affection in the healthy;" while the allopathist says, "The remedy to be employed must be capable of inducing a *dissimilar* affection." Both expect nature to do the curing, provoked so to do by the medicine administered. The one exhibits small doses, and the other large; the one derives his knowledge of what affections a medicine may induce from experiments upon the healthy organism, while the other seeks his, chiefly, from experiments upon the sick. Both resort to chemical, mechanical, and hygienic means and measures, whenever needed, with equal consistency.

J. P. DAKE.

REMOVAL OF FOREIGN BODIES FROM THE AUDITORY CANAL. — Dr. George Gray, of Castlewellan, County Down, suggests a simple and harmless plan which he has lately used with success in removing foreign bodies from the auditory canal. Some months ago, a boy, age twelve, was brought to him with a round, smooth, white pebble in the auditory canal. It could be plainly seen, and had been there for two days, during which time repeated efforts had been made to remove it, but their only result was to cause pain, congestion, and swelling of the mucous membrane, which firmly grasped the foreign body, and prevented the possibility of passing any instrument beyond it. Dr. Gray syringed the ear for some time without any good result, and, as the boy's friends were anxious to have other means tried, he did not like to send him home unrelieved. Having at hand a bottle of the cement known as coaguline, which seems to be a solution of isinglass in acetic acid, he prepared a piece of soft pine-wood, about as thick as a

No 8 catheter, by hollowing the end so as to cause it to fit accurately on the convexity of the pebble. Having now melted the cement by placing the bottle in hot water, and having dried the foreign body with cotton-wool, he covered the hollow end of the piece of wood with the cement, and applied it to the pebble. After waiting for ten or twelve minutes for the cement to set, he made gentle but steady traction, and had the satisfaction of withdrawing the stone firmly cemented on to the end of the wood. This plan will obviously be more suitable for round smooth bodies which fill the canal than for small angular ones, but the former are the ones most difficult to remove by any other procedure. (*Brit. Med. Journ.*, Feb. 9, 1878.)—*Practitioner*.

THE PHYSIOLOGICAL ACTION OF NITROPENTAN.—G. Schadow has made experiments on the effects of the inhalation of the vapors of nitropentan in man, dogs, and cats. Nitropentan is isomeric with nitrite of amyl ($C_5H_{11}NO_2$). In man the respiration of eighteen drops was continued for five and a half minutes; the frequency of the pulse remained unaltered, as well as the amplitude of the waves when a tracing was taken; in only one instance was the latter increased, and in one only, out of nine experiments on different persons, was it augmented. No effect was observed on the sensorium or on the color of the face. The sphygmographic tracings presented nothing unusual. In dogs and cats, when the inhalations were continued from eight minutes to one hour, convulsions began to occur which gradually increased in intensity till they passed into true epilepsy. Coincidentally the peristaltic action of the intestines was rendered very active, and evacuation of the fæces occurred. The urine was also discharged and there was sometimes very profuse flow of saliva. The pupils were dilated. In animals otherwise uninjured, the frequency of the pulse seemed to be somewhat diminished; but if the vagi nerves were divided, or their terminations paralyzed, or if with intact vagi the pulse frequency was increased by the prior or coincident administration of amyl-nitrite, the action of nitropentan was in this respect *nil*. During the convulsions the blood pressure of course rose. After the cessation of the convulsions, or if these did not come on, the blood pressure usually fell. The vessels of the pia mater underwent no change during the inhalation. The inhalation for from two to five minutes of nitroæthan (an isomer of athyl-nitrite) produced no effect in six experiments upon the frequency of the pulse.—*Archiv f. exp. Pathol.* B. vi. p. 194.

MEDICINE IN MONTENEGRO.—A letter from Dr. Studetzki, a Russian practitioner in Montenegro, recently published in the St. Petersburg *Medicinische Wochenschrift*, gives an account of the state of medicine in that principality. With the exception of the foreign (Russian) surgeons who have gone thither to render their services during the war, Montenegro has no scientifically educated practitioners. The whole of the medical practice is in the hands of a family named Jlitckowitsch, whose scanty professional knowledge has been handed down from generation to generation. At the present time, ten members of the family are engaged in the practice of surgery, which consists chiefly in the application of splints to fractures, frequent cauterization of recent wounds with nitrate of silver, and drainage of gunshot wounds with tow. Their knowledge of anatomy is weak, and they dread hemorrhages. The only operations which they perform are the extirpation of enlarged glands from the neck, extraction of foreign bodies, and trephining. This last operation is very frequently done, being regarded as necessary in almost every slight injury of the head. Sometimes, the head of the same individual is trephined in four or five places. The private surgeon of Prince Nicholas is a Frenchman; but he is not consulted by the people.—*Brit. Med. Journal and Mon. Homœopathic Review*.

DR. BERNHARD COHN (*Berliner klin. Wochenschrift*, October 29, 1877) has made a new application of the Esmarch bandage. By its means he successfully treated a case of phlegmonous inflammation of the foot, one of œdematous inflammation of the fore-arm, and one of white swelling of the knee-joint, which had resisted every other form of treatment. The bandage is applied for from fifteen to sixty minutes daily, until improvement is manifest. Dr. Cohn thinks the bandage acts chiefly by lessening or relieving the congestion of the part affected. Compression must be perfect, that is, must include both veins and arteries. To avoid needless pain, the last turns should not be firmer than is necessary to check the circulation. Some questions in regard to details of the treatment require more experience.—*Boston Med. and Surg. Jour.*

LACTOPEPTINE.—Lactopeptine is a most important preparation, lately introduced to the notice of the profession. It contains the active agents of digestion, and has been indorsed by the leading practitioners in the United States and Great Britain, as a valuable remedy in those diseases of the stomach in which its use is indicated.—*Canada Lancet*, January, 1878.

Cocoa is known the world over for its great nourishing and strengthening properties, and there is no difficulty in selecting the best preparations if you obtain those manufactured by Walter Baker & Co. Having stood a test of nearly a century, they are so noted for their purity, nutritive and delicious qualities, as to need no indorsement from us, — the highest awards having been made to their excellence over all competitors, at the leading Fairs in both hemispheres. Their Chocolate, Cocoa, and Broma have become articles of general consumption, and are sold everywhere.

PERSONAL.

DANIEL A. BABCOCK, M.D., has removed from New Bedford to Taunton, Mass., to take the place left vacant by the death of Dr. George Barrows.

W. F. SANFORD, M.D., Class of 1878, Boston University School of Medicine, has located at 22 Second Street, in Taunton, Mass.

WALLACE C. STRATTON, M.D., Class of 1878, Boston University School of Medicine, has located at Milton, Mass.

E. M. E. SANBORN, M.D., has removed to 1323 Chouteau Avenue, St. Louis, Mo.

B. L. DWINELL, M.D., Class of 1878, Boston University School of Medicine, has located at Taunton, Mass., having associated himself with Dr. J. W. Hayward, of that city.

CHAS. G. BROOKS, M.D., has removed his office from No. 4 Saratoga Street, to No. 1 Saratoga Place, corner of Saratoga Street, in East Boston.

H. H. CUSHING, M.D., Class of 1878, Boston University School of Medicine, has located at 34 Lambert Street, Boston Highlands. He also has an office at 488 Warren Street.

E. A. MURDOCK, M.D., Class of 1878, Boston University School of Medicine, has located at corner of Mt. Auburn and Patten Streets, in Watertown, Mass.

J. HEBER SMITH, M.D., of Melrose, Mass., has taken an office at No. 162 Tremont Street, in Boston, in order to better accommodate his many patients in Boston and vicinity. Office hours from 1 to 8 P.M., Saturdays and Sundays excepted.

THE
NEW ENGLAND MEDICAL GAZETTE.

No. 6.

JUNE, 1878.

VOL. XIII.

THERAPEUTIC EFFECTS OF ELECTRICITY.

Read before Maine Homœopathic Medical Society.

BY E. CLARK, M.D., OF PORTLAND, ME.

DESIROUS to contribute to the proceedings of the M. S. H. Medical Society, I propose to report a few cases of the therapeutic effects of electricity. My report must be very brief, confined chiefly to the well-defined effect of this agent.

I use a twelve-cell battery, manufactured by Philosophical Instrument Company, of New York, and in these cases all the cells were in operation.

Case 1.—Mr. G., aged 40, bilious temperament, had suffered in early life the natural effect of his transgressions, for which he received many medicines and injections into the urethra, which resulted in stricture, fistula, etc., with the usual train of sufferings incident to such cases. At length he came under my care for treatment. After dividing the stricture he passed several years without impediment to the evacuation of the bladder. I reported this operation to you about four years since.

During the past autumn he took a severe cold, and among other sufferings, he was obliged to return to the use of the catheter, to relieve the bladder. The passage was observed to be gradually diminishing in size, requiring a corresponding diminution in the size of the catheter used, until he failed to insert a catheter of the smallest size, when he called for surgical assistance. After an unsuccessful attempt by a skilful surgeon, I saw him, and found a firm stricture high up in the ure-

thra, resisting any force which I deemed it safe to apply. I then introduced my bougie, properly shielded by rubber, leaving only about one inch of the end uncovered (No. 8), and carried it home to the stricture, where it was arrested. This was the negative pole, the positive being applied to the sacrum. The twelve cells were in operation. In about five minutes the instrument was perceived to be slowly passing through the stricture. In fifteen minutes it slipped into the bladder, without having used much force. Slowly withdrawing it, I allowed it to rest in the stricture a short time, more perfectly to remove the contraction. The urine followed in a good stream, and the bladder was perfectly evacuated. From this one application the relief was satisfactory, as for some three months there was no occasion to use the catheter. Since that time I have not seen him, nor heard from him, hence I presume he remains free from that suffering.

Case 2.—Mrs. W., aged 46. Has been under treatment for several months, for dyspepsia, constipation, disease of the liver, colic, etc., as she has been told by her physicians, for she has received treatment by more than one.

Large quantities of cathartic medicine, to relieve the constipation, and morphine, to relieve the pain, have been used.

We found her confined to her bed, emaciated, skin sallow, little appetite, frequent attacks of severe pain in the bowels, ending usually in vomiting; long periods of sleeplessness; nothing passes the bowels which is not in a liquid state, rendered so by frequent and large injections of warm water. Believing these symptoms indicated unmistakably stricture of the rectum, a digital examination confirmed our suspicions. The stricture was situated in the inferior sphincter muscles, too firmly contracted to admit the passage of the index finger. On the 15th of November, 1876, we resolved to try the effect of electricity under the effect of ether; having the negative pole in my right hand, the positive to the spine, my index finger was applied firmly to the

anus. All my efforts were resisted for about ten minutes, when I perceived the tip of my finger was grasped as by a metallic ring. Continuing the operation, in ten minutes more my finger passed easily through the stricture, and reached, as I anticipated, the superior muscular band, equally hard and contracted. In twenty minutes more this stricture was passed, and then the index and middle fingers were both passed through both strictures, the muscles having lost the firm, wiry feeling, and were quite elastic, so that I could fairly separate the fingers. Soon after this operation, a large quantity of hardened fæces passed away, giving great relief to the patient, nearly freeing her from the severe abdominal pains. The bowels continued to be easily moved, without much suffering. Her rest was restored, appetite returned, and she appeared to be in a hopeful condition.

After several weeks we were again called, and found she had been suffering for several days with typhoid, of which she died in about two weeks. But the stricture never gave her inconvenience after the operation.

In both these cases I was assisted very efficiently by E. F. Vose, M.D.

TRITURATION OF SILICA.*

BY C. WESSELHÆFT, M.D.

DR. S. WHITNEY, who is engaged in perfecting our means of triturating insoluble substances to the greatest degree of fineness, has submitted to me certain specimens for microscopic examination, together with certain questions. The substances were: 1. Crude silica ground by itself, without sugar of milk (which I shall designate with the letters S. L.), for three-quarters of an hour or more. 2. Equal parts of silica and S. L. ground for three-quarters of an hour. 3. Some crude silica precipitated from a solution of potash, which appears in the form of fine powder. 4. A specimen of stannum triturated with three parts of S. L.

* The silicea of the *Materia Medica*, now called silica, or silicic acid.

With regard to the substances, the following questions were propounded: 1. Are the particles of the drug increased in number as they pass through each trituration? 2. Are they smaller in the third than in the second trituration? 3. In the several triturations, are the particles of silica in a finer state of division than the particles of the S. L.? 4. What reason have we for supposing that in the third trituration the particles of the drug are a million times smaller than the particles of sugar? 5. What is the best method of reducing insoluble substances to the greatest degree of fineness compatible with the requirements of the mode of attenuation as hitherto practised?

I do not feel prepared to answer the above questions in full detail at present, having been engaged for some time in perfecting a more extended report for the American Institute of Homœopathy, which will embrace all those facts and observations for which time and space are insufficient just now. These observations will therefore be limited by the specimens above named.

The reason for triturating silica in these different ways was for the purpose of ascertaining the effect of that process upon it under different conditions. It has been assumed by Hahnemann, and since his time by most others, that silica, like many insoluble substances, became capable of "dynamization" and of solution after undergoing the process of trituration for the third time (*Chronic Diseases*, 2d Ed. Vol. 1. Introduction, p. 182 et seq.). Without discussing for the present the solubility of silica, it is of prime importance to decide whether that substance is actually reduced to a greater degree of fineness or subdivision with each successive trituration. Microscopic examination of silica-triturations prepared according to the centesimal scale is very unsatisfactory. We can find a few coarse particles of silica in the first, a very few in the second, and none in the third. It is, therefore, easy to assume that in successive triturations the particles of silica have been so far reduced as to become invisible. To test this problem the proportion of silica to S. L. in one specimen was increased to even.

parts, another specimen of silica was ground by itself, while a third specimen of pure silica which had not been subjected to trituration, was examined in its natural state. The examination was made with the microscope as the most direct and available means known for that purpose to-day. Though it is not difficult to examine transparent substances by transmitted light, much is lost in this way that can only be seen by direct light (from above). Till within five years it was impossible to observe opaque objects with powers ranging above two or three hundred diameters at the most. But with the improved means of to-day, like Prof. Abbe's Illuminator,* it is easy to see minute objects, opaque as well as translucent, magnified from six to seven hundred diameters as perfectly defined as with transmitted light. Experiments will show how far such an apparatus served my purpose.

A sample of pure unground silica was placed upon a glass slide and examined with transmitted as well as direct light. Both methods, but especially the latter, brought the particles of silica clearly into view, and permitted their measurement with an eye-piece-micrometer. It was quite an easy matter to see the largest as well as the smallest particles. The largest measured in length and breadth 1-2 m.m. to 1-50 m.m. These can be seen with the naked eye, but among them were extremely small particles. Seen with a low power of forty diameters, they were as minute as it was possible to see. Supposing that there might be still smaller ones, higher powers were gradually employed; and while the minute points glistening upon a dark ground were enlarged to the eye, no others appeared after one hundred diameters were reached. Nor did a magnifying power of six hundred and sixty diameters reveal any minuter points than those already seen, and these carefully measured had a length and breadth not exceeding 1-1800 m.m. (1 m.m. equals about 1-700 of an inch.)

Supposing, of course, that the process of trituration would increase the difficulty of observation by reducing the particles to so great a degree of fineness as to exceed

* M. Schultze's *Archive für microsc. Anatomie* Vol. IX. p. 496.

the powers of the microscope, a portion of a trituration of silica made with one half its volume of sugar of milk was dissolved in a watch glass, by carefully warming it. The silica was made to settle at the bottom by gently shaking and rotating the glass. The clear solution of S.L. was drawn off with a pipette, and water again added, and warmed, to dissolve the S.L., and this process repeated till frequent recourse to the microscope proved that no more crystals of S.L. were present. I cannot here describe all the difficulties of getting rid of the S.L., and the means of distinguishing it from silica. A great many trials perfected the methods of doing so, and having succeeded, I proceeded to examine the triturated silica upon a slide, as usual. It was to my surprise difficult to see any marked difference between it and the previous untrituated silica. The largest particles in the trituration, if reduced at all, measured 1-2 m.m., while the smallest, followed up by high powers, measured no less than 1-1800 m.m. If there was any difference at all between this and the untrituated silica, it was that in the former there were fewer large particles.

Under the force of the assumed divisibility by trituration, some may think that with one hundred grains of S.L., one grain of silica would have been more minutely divided. It is not so. The more S.L. we use, the less is the chance of crushing the particles. The less S.L. we use, the more easily some substances like copper, gold, lead, etc., are comminuted, as I can illustrate by numerous trials, which I shall make known in due time.

To add a farther test to the above, a sample of pure silica was ground by itself for nearly an hour, and examined upon a slide with the various powers of the microscope.

Here alone it was possible to affirm a change in the silica. This had been somewhat reduced; the largest particles measured 3-100 m.m. very uniformly. But the smallest ones did not reach beyond 1-800 m.m. in smallness.

Hence, with regard to silica, I can affirm that its particles do not increase in number a hundredfold in tritura-

tion with S.L. They cannot be smaller in the second or third trituration, as they are not reduced in the first.

It is impossible to compare the particles of silica or any other drug with the S.L. of the trituration; for we either have to dissolve it and wash it away, or to view it in conglomerated masses. As far as silica is concerned, we have no reason to suppose that in the third trituration its particles would be a million times smaller than those of the crude substance; for, as above shown, trituration with S.L. does not affect it, while trituration without the sugar reduces it slightly, but only the coarsest fragments.

A number of other substances, like charcoal, gold, copper, lead, and tin have also been carefully examined; a specimen of the stannum-trituration mentioned above, was treated like the silica by being forced from S.L. by the process of washing before microscopic examination. It was likewise examined in solution on a slide, both while the S.L. was in a state of solution and after it had congealed to a clear mass upon the slide, which revealed that it had been reduced to a great degree of fineness,—its particles measuring 1-600 to 1-1200 m.m. Having only this specimen, no fair conclusion could be formed as to the result of farther trituration. But judging from the behavior of the other metals, tin will not undergo greater comminution by repeated trituration, of which proofs will be offered in another article.

As every one may easily see for himself by repeating these observations, the limit of divisibility of the metals is soon reached. As a rule it does not reach beyond the second trituration, if so far. Different means of treatment bring forth different results. The only observer in our school who threw some light on this subject was *Mayrhofer*, in 1844,* who claimed to have traced some metals, *e.g.*, gold, platina, etc., as far as the tenth and fourteenth dilutions. *Segin* † is also quoted as an authority who made a few examinations at a time when the microscope and its methods of manipulation were not sufficiently advanced. The improved instruments since that time permit a better view of this subject, which

* Oestr. Zeitschr. f. Homœop. Vol. I. 1844.

† Hygea.

it was impossible to obtain at *Hahnemann's* time; and even *Mayrhofer's* instrument (Ploessl's), though better than Segin's, could not afford the flatness of field nor the defining power of present instruments; nor did he possess the proper means of illumination of opaque objects, which are now so well seen with Abbe's Illuminator.

As to the solubility of silica, I would say, that if soluble this property does *not* depend on extreme comminution, which is far from being reached by the ordinary method of trituration. If the pathogenetic effects attributed to it really sprang from it, they did not proceed from the solubility of the silica, but possibly from the minuteness of the particles as found in the crude as well as in the ground silica, which are five or six times smaller than a blood-corpuscle, measuring about 1-150 m.m. We know, however, that silica exists in an insoluble and in a soluble state; and though this was known since 1823, about which time Berzelius made it known, pharmacists and physicians persisted in assuming the insoluble silica to become so by trituration, and in neglecting the soluble form altogether,—that form in which it is contained in the soil and in which it is assimilated by plants. We have no evidence that in its amorphous insoluble form it is soluble in water or in alcohol.

Hence silica, like carbo, should be subjected to a new series of provings, both of the soluble silicic acid and the metal silicium, also known since 1823.

In order to render these and similar observations valid, it is necessary that many physicians should repeat the observations upon this subject. One man's evidence is of value only to him who obtained it; it is desirable that it should be either refuted or confirmed, for on it hinges much that is of far-reaching importance. What we need is exact, careful observation by many. So-called facts should not be transcribed from generation to generation without repeated scrutiny, and without bringing them under the tests of improved methods.

HOMŒOPATHY IN ITS RELATION TO VARIOUS
MEDICAL BODIES.

HOMŒOPATHY, as the new departure in therapeutics, would be a failure, if it were not a reform in the art of healing. This reform is partly brought about indirectly, or, in a negative sense, by abolishing certain empirical errors of the old school, such as mixing of drugs, subjecting the living organism to chemical laws, resorting to and relying too much upon certain more or less futile, either revulsive or derivative, palliative or antiphlogistic measures, and is mainly characterized by making the prescription of the single and appropriate (homœopathic) remedy, independent of a preceding pathological diagnosis. The positive part of the reform, resulting from the development of this method of treatment into a science, founded upon the *simile*, is as yet a matter of further experimentation and labor, and lies in the future. This development is to advance in three main directions: First, in that of further cultivation of pharmaco-dynamics, by proving of drugs; second, in that of further experimenting, necessary to arrive at the rules governing the appropriate dose for each case; and third, in that of true and correct valuation of the symptoms of the diseased body, for therapeutical purposes. A reforming spirit, as well as an experimenting and practical bent of mind, must govern these various tasks of the Homœopath. Hence it follows that a homœopath of firm conviction can never settle down to empiricism or eclecticism, if we assume by these words, that an eclectic is he who believes a little of everything, *i.e.*, nothing sincerely, while the empiricist is never progressive, but always retrospective and fossil. A reformer in medicine, just as in religion or in politics, does not rest on a fixed platform, but is moving on a spirally-inclined plane upwards to the verification of his not as yet to be accomplished theory; if he does not move, he slides back into dogmatism.

This can be said of the actions and the position of

single men as well as of *bodies* of men. As an example, we will cite the Homœopathic Medical Society of Massachusetts, the members of the Medical Board of the Homœopathic Hospital of Boston, and the members of the Faculty of the Boston University School of Medicine. These three bodies are independent of each other, and distinct before the law, in their purposes, resources, and in their choice of members and officers, but there is, or ought to be, a consolidating bond between them, consisting in their common cause, the reform in medicine, inaugurated by Homœopathy, which keeps, or ought to keep them in sympathy with each other, and thus insures harmonious action. But it is important to understand that Homœopathy has to each of these three bodies of men, a different relation and significance. For the Homœopathic Society, a society of practising physicians, the statutes have been so shaped, that, while in the discussions a preference may be given to the cultivation of Homœopathic practice, all topics relating to medicine in general, to obstetrics and surgery, find their place and are in order at the right time, leaving each member untrammelled and unchallenged for any eclectic or allopathic backsliding, which he might, in his private practice, indulge in, so long as he will not disavow the Homœopathic principle of cure, and if he should treat but one case in ten strictly according to it.

This latitude in practice, we contend, is wisely granted to each member of a society of physicians, practical men as such, but who, at the same time, are convinced of the superiority of the Homœopathic method over others. It needs no shibboleth to be reminded of its practical value; a medical creed, when enforced, leads to medical hypocrisy. On the contrary, the very freedom of action and development engenders zeal and true progressive spirit. But there is a limit even to this; for as soon as it leads into the mire of eclecticism and empiricism, it deadens enthusiasm, hinders reform, and soon will show its effects on the transactions and discussions of any society.

In the Homœopathic Hospital the rules for the medical

board, as guides for action, we find, have to be, and are drawn somewhat closer, if at least the professions and intentions of the founders and trustees, and the wishes of the donors, are to be regarded, and if the further development and improvement of the Homœopathic method are to be its aims.

The hospital in question is new, well-built, and furnished, and well supported by lady-patronesses and visitors, but it is small, and as yet lacking a regular income for the support of non-paying patients. This leads to a desire to fill it up with surgical and gynæcological cases of paying patients. The hospital is, however, the very place in which experiments to decide some of the as yet disputed questions in Homœopathy can be settled, and where in time *reliable* statistics and records could be gathered, of much practical value to each Homœopathist, both as regards the dose and the clinical value of certain not yet sufficiently proved remedies. Therefore, *inward treatment* by drugs, both of chronic and acute cases—that field in which Homœopathy can show its finest fruits—should there be principally cultivated, and surgery and obstetrics only incidentally, especially as the present small size of the building does not allow the use of different special wards for different kinds of treatment and cases. If it is conceded that our main object in medicine is, as Homœopaths, to raise therapeutics to a science, let us heartily, if not exclusively, work at it. The scientific men of the future will surely judge us mainly by our work in this department of medicine, and not by our skill in surgery and obstetrics, valuable as these are for each practical physician. This work belongs especially to hospital practice, where the patient is under perfect control; it consists in making experiments, each prescribed dose being one, to be accounted for and to be made with plan, care, and with as strict as possible adherence to the method prescribed by the founder of Homœopathy.

Yet it was found to be impossible, nor even desirable, to exclude surgery and obstetrics from the hospital. An occasional clashing of different opinions on principles or

on executive measures between different members of the board became therefore possible, and it was thought proper to make the rule in the hospital, that in cases of important exceptions to the Homœopathic treatment, and when doubtful cases of emergency should arise, the majority of the votes of the medical board should decide over and govern or overrule the opinions or proposed actions of a single member. Thus only, it was thought, the hospital could be carried on harmoniously, and as a fit institution for the further development of Homœopathic treatment. No sincere Homœopath, be he surgeon or gynæcologist or not, need indeed take umbrage at this rule, which has, besides, that advantage, that when once an exception is made to Homœopathic treatments, it is sanctioned by the whole board. This rule, we contend, therefore, was made in anticipation only of the possible dangers which might arise to the character of the hospital by intermixture with other treatment; it was made in a spirit of fairness, and not from a feeling of jealousy or disregard towards surgery and obstetrics, as long as these branches and handmaidens of medicine were only kept on their legitimate ground.

Quite different again will the relation of Homœopathy to other branches of medicine appear to us from the standpoint of the faculty of the Homœopathic College. Here we find Homœopathy closely connected with, and influencing *materia medica*, therapeutics, and clinical teaching. All auxiliary branches are by the different chairs independently pursued and taught. Surgery and obstetrics are under Homœopathic influence only as regards the inward treatment connected with them. Anatomy, physiology, and even pathology, are independent sciences, but all are equally necessary in the course of complete education of the future Homœopathic physician. At the present time it is the greatest desire of the faculty to increase the facilities for practical teachings, and, especially, for the clinical teaching in operative and conservative surgery, to procure a separate ward or building, for how much room, or rather, how little, the neighboring hospital can furnish, we have already stated. But where

are the means to come from? As yet neither State nor city seem to be willing to come forward with material aid. It is to be hoped that the constantly-increasing dispensary connected with the College, may furnish much valuable material for future clinical teaching. But as yet the premises allotted for this purpose are insufficient. At any rate, the importance of practical teaching in this most practical branch of medical education cannot be valued highly enough. How much of success within the last five years this faculty has met with, is a matter of publicity. Much has been done, with small means; much more may yet be done, if the faculty is well supported and encouraged by the friends of Homœopathy. That the good-will of the other-named bodies, especially that of the State society, may remain insured to the College, which has in future to recruit from that quarter as it has done heretofore, is desirable and necessary for our common cause.

The purpose of these lines has been, as inscribed above, to analyze the relation of the different-named medical bodies to Homœopathy. In order to do this, it was equally necessary to define their position to each other, and the relation of Homœopathy to other branches of medical education and acquirements. It has been the intention of the writer to state the duties, as well as the difficulties, which each of the three bodies have to encounter in their separate positions, and to convince each Homœopath that it is his duty to do his share in the work of reform of medicine. If these few statements, made without regard to personalities and past disagreements, should help to restore somewhat the harmony of all well-meaning men in our ranks, all the three-named bodies would be benefited thereby; such, at least, is the wish of the writer, who is of the three bodies a faithful and disinterested

MEMBER.

CASE FROM PRACTICE.

BY E. H. PACKER, M.D., LOWELL, MASS.

MARCH 31, 1878, was called to visit Carrie, aged three years and five months, an only child of Lewis Clark, of Ballardvale. The child had then been sick about two weeks, and had been given over to die by her physician, an allopath. Found her bolstered up in bed, with face bluish white; nose pinched; eyes staring; great dyspnoea; rattling and fine crepitation in both lungs. The cough, which had been so persistent during the entire sickness, had ceased a few hours before; mouth and throat filled with ropy mucus; loss of voice; tongue dark red, with an ulcer, the size of a Lima bean, in its centre. Temperature, 103.7; respirations, 60; pulse, 145 per minute; soreness all over. There had been eleven very offensive and watery stools during the last twelve hours; no appetite, and but little thirst. *R. Lycopodium*[∞] single dose. *Sac Lac* every four hours.

April 1st, reported that the child slept through the evening, and until 1 A.M.; has less fever and dyspnoea; and that the cough had returned; took milk and arrow-root this morning; has had three stools. *Sac Lac* every four hours.

April 3d, reported that child has less cough and dyspnoea; respirations, 48; pulse, 90 per minute; temperature, 101.4; appetite better, and child appears better every way. *Sac Lac* every four hours.

April 5th, was called to visit the child. Loose, rattling cough; rattling of mucus in the throat and chest; lungs loaded with mucus; tongue clean and red; the ulcer is cleaner, but not any smaller; dryness of the skin; pulse, 120; respirations, 48 per minute; temperature, 100.7; child takes beef-tea and milk. *Sulphur*[∞] single dose; *Sac Lac* every four hours.

April 8th, reported that the child is decidedly better; pulse, 100; respirations, 38; temperature, 99.3; appetite good. *Sac Lac* every four hours.

April 12th, reported that the child eats well and will be dressed; cough better, and less rattling of mucus in the chest; the ulcer on the tongue has healed, and she has regained her voice; respirations and pulse regular. *Sac Lac* every four hours.

April 23d, reported that the child appears perfectly well. Discharged cured.

CASES FROM PRACTICE.

BY R. E. JAMESON, M.D., JAMAICA PLAIN.

MRS. G., aged twenty-one, short, rather stout, light hair, blue eyes, nervous temperament, complained at times, for several weeks, while I was attending her husband, of great distress in the abdomen, pressure, clothing seemed too tight after eating, colicky pains in lower abdomen, flatulence, and a good deal of rumbling; stools liquid, offensive, containing undigested food; sometimes slimy, frothy mucus. Pressure in stomach; sometimes burning, sensitive to pressure, violent eructations, sour water-brash, heartburn.

During the night of the 17th of May she had a chill, and the next morning, when I visited her, she complained of pain in the hepatic region, extending around posteriorly, increased by taking deep breath, and on pressure. The pulse was quick and rather weak; inclined to be intermittent. Great thirst, and vomiting of everything she drank. I gave her *Byronia. Merc.*, and such other remedies as seemed indicated, with only an amelioration of some of the symptoms. The thirst and vomiting were not relieved at all.

May 20th, found her suffering considerably from dyspnoea; not able to lie down, very restless, thirsty, vomiting everything she drank; countenance expressive of anguish. An examination of the chest showed dulness over nearly the whole surface, and absence of respiratory murmur. I diagnosed hepatization from extension of inflammation from liver, in which Dr. J. P. Payne, of Boston Highlands, who saw her with me, agreed.

Her symptoms increased in severity; constant restless-

ness, wanted to be moved every few minutes, icy coldness of the whole body, and thirst for *cold* drinks.

Silica was strongly indicated by the symptoms, but it was of no avail, and on the 23d she died. An autopsy was held, and, on opening the thorax, a quantity of pus poured out. The abscess occupied about two-thirds of the cavity, and compressed the lung into a dense mass. The pleura was adherent in its whole extent, and some old adhesions were also found on the left side. The liver, stomach, and intestines were perfectly healthy. I wish to call attention to a peculiarity of the case, and that is, till within a few days of her death, she had no symptoms calling attention to the chest; all her distress was in her stomach and abdomen, particularly the latter, and also to the confirmation of the Silica indications, by the pathological condition.

MR. B., aged sixty-eight, has had inguinal hernia, left side, for eight years. In February, 1876, as he was walking home from the store, the hernia came down and became strangulated. On reaching his home, he laid down and attempted to get it back, but without success, and sent for me. I did not get to him for two or three hours; by this time the tumor was red, and quite tender to the touch; he also complained of a great deal of pain, and there was nausea and considerable fever. I attempted to reduce it, but had to give it up. I then prepared a solution of *Nux*³⁰, and ordered a teaspoonful every twenty minutes, telling him I would come in again in two or three hours. When I returned, I found him more comfortable; less pain and nausea; and on examination of the tumor, found it less sensitive to pressure, and reduced it very easily, in a few minutes, to the great relief of the patient. I gave him a dram vial of *Nux*³⁰ in globules, with directions to take morning and night; and his hernia has not come down since, now more than two years.

Case 2. — Bertie D., aged seven years, has had inguinal hernia, right side, since an infant. His mother said he had outgrown several trusses. A little more than a year ago he was brought to me to see if I could do anything for him. On inquiry about his general health, to elicit symptoms

on which to base a prescription, his mother told me he awoke hungry every night, so that she had been in the habit of putting something under his pillow for him to eat when he waked; also that he "waked up cross." I gave him *Lycop*⁸⁰ globules, morning and night. After taking the remedy two days, the night-hunger disappeared, and in two weeks the hernia also disappeared, and has not been seen since.

Two other cases, one an infant, and the other a boy of twelve, were cured, the former by *Calc. Carb.*, and the other by *Nux Vom.*, both in the thirtieth potency.

TREATMENT OF OBSTRUCTION OF THE BOWELS.—An important caution in the use of the O'Beirne tube, in the treatment of obstruction of the bowels, is given by Dr. Nairne, of Glasgow. He remarks that amongst the means employed for affording relief in obstruction of the bowels, are ranked a long, flexible tube (O'Beirne's) and rectal bougies. He thinks they rarely fulfil the indications for which they are employed, whilst in certain conditions, as in stricture, their use may be followed by the most serious consequences, both in the hands of the experienced and the inexperienced. When a stricture occurs embracing the free surface of the bowel, it is quite an impossibility to pass a tube through the stricture; the bowel is certain to be ruptured. He has lately had under his care four cases of obstruction of the bowels. In two of them the tube was used. In neither case was any relief obtained. In the last one *post mortem* examination disclosed the fact that the bowel had been punctured below the stricture. Experiment on the dead subject in which the presence of a stricture was imitated by the application of a ligature, led to the same conclusion as that which he had already arrived at. The point of the tube did not touch the stricture, but travelling along the free border of the bowel impinged at a point on the superior and slightly anterior surface, perpendicular to the stricture, and carried that part of the bowel over with it. The tube being moved up and down a few times, as if searching for the centre of the stricture, the external coat of the bowel gave way as a longitudinal split and hernia of the inner coats took place. Hardly any pressure was exercised. Hence Dr. Nairne is inclined to advocate that no tube or bougie longer than six inches should be passed into the bowel.—*Lancet*, March 16.

THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, JUNE, 1878.

The London Monthly Homœopathic Review of May 1, 1878, in an able article, considers the question, "What is a Homœopath?" Ignoring the bone of contention brought up by "a small section of the Homœopathic school, who term themselves Hahnemannians," the opponents of our school of practice are considered and divided into two classes: 1. Those who, recognizing the truth of the method of our cure, and granting that we are honest in our endeavors, are anxious for reconciliation and reunion, but are unwilling to grant their own blindness in the past, and cannot bear that their pride should have such a fall. By this class blame is laid on our shoulders in the accusation that by using the distinctive name *Homœopathic* we prevent union and widen the existing breach. 2. A class by no means so friendly, who insist that we sail under false colors (for mercenary purposes), inasmuch as we sometimes use auxiliaries for the aid or relief of our patients, and do not adhere strictly to Homœopathic prescriptions. The author then states that some of our own confreres, and among them the most able men in our ranks, have advocated reconciliation and the abolition of the sectarian and distinctive title. The remainder of the article is devoted to a review of Dr. Dudgeon's paper on "Rational Medicine," published in the April number of *British Journal of Homœopathy*, and meets with our approval in such degree that we abstract entire: —

"The gist of Dr. Dudgeon's argument is much as follows: The treatment pursued by the old school has, by the often repeated admission of their best men, nothing in it that is settled or definite, that it changes ever and anon according to the change of speculative ideas as to the nature, pathology, and causation of disease, and that therefore it cannot by any means be dignified by the name of rational medicine. We, on the other hand, having the sure basis of our knowledge, in the pure effects of drugs, and in the law of similars, to guide us, are entitled — and are the only practitioners entitled — to call our system rational medicine. But he further argues that, since the nature of many cases which come under one's notice and treatment is such that treatment by drugs at all is sometimes unnecessary, or out of place, as, for example, in curing deafness by the removal of wax from the ear, curing ophthalmia by removing a foreign

body which has caused it, curing pains in the feet by forbidding the use of high-heeled boots, etc. ; and since we occasionally have to use a dose of castor oil, or of morphia, and sometimes prescribe in the absence of marked symptoms a medicine which meets our view of the pathology of the case — that therefore we are not Homœopaths, and should not accept the name. He argues that we ought to call ourselves rational physicians, and be above any such limited term as Homœopath, which should be reserved for those *raræ aves* who refuse to draw upon their common sense, but persist in doing nothing in any case but prescribing a supposed Homœopathic medicine. We must say that we are at a loss to understand how Dr. Dudgeon can take up such a position. Theoretically it is, of course, very right and proper that we should say — as we are entitled to do — “ we are the true representatives of rational medicine, we are rational physicians ; ” but practically, with all deference to the experience and wisdom of our able colleague, we think the position quite untenable — at least, in the present relations of the two schools. We all know very well that while there are many points in common between the two schools, they differ in one essential feature. While we have in common with them the liberty and the privilege of using any measures our common sense may suggest in the treatment of cases that require and admit of no drug remedies, and while we claim our right, as we have done all along, to use any treatment which we think may be of most service to our patient, we yet differ from our opponents in the one essential feature, which has been the bone of contention since ever Homœopathy was promulgated. This is the treatment of the vast majority of cases which admit of, and require drug remedies, by the administration of medicines chosen according to the laws of similars, and in doses smaller than will cause aggravation. It matters not that we get cases to treat which require no drug medication, or that cases of incurable disease come under our notice that admit of nothing but palliation by opiates, etc., still the main point remains that in all other cases our treatment differs fundamentally from that of the Allopaths in the one point just noticed. What, then, is a Homœopath? He is a practitioner who believes that the large majority of cases which require medicines at all are *best* cured by medicines prescribed according to the laws of similars, and who regulates his practice in consonance with this belief. His knowledge of drug-action and of his *Materia Medica* may make him more or less rigid in the application of his principles, but still perfection in this mode of practice is his aim ; he gives his patient the benefit of

this treatment in the first place, believing that he is thus most honestly carrying out his trust; but he denies him nothing which will be of service to him, although it may not be strictly Homœopathic, while if he fails in obtaining the results he anticipates, he will not refuse to adopt any other line of treatment which may hold out a chance of success. But he is still a Homœopath. In this practical world there must be — both the public and the profession will have it — a term which in common *parlance* will distinguish the practice of one man from that of another, where they are known to be essentially different. It is of no use to say ‘We are rational physicians.’ The Allopaths say the same thing of themselves, and while there is a difference between the two schools, such as exists at present, there must be some distinctive name for indicating in a general way the difference. As soon as the old school see fit to admit openly the truth of the law of similars, to admit that every practitioner may fully and freely employ treatment in accordance with this law, without the fear of ostracism from professional intercourse and from professional honors, *then* there will be no need for any distinctive name. But till that time arrives, as arrive it will, we must not only not accept the name of Homœopath with a grumble, but stand to it manfully and proudly, as indicating our belief that we are in possession of the greatest truth in medicine ever discovered. We may as much as we like congratulate ourselves on being the true representatives of rational medicine, but still for practical purposes we are Homœopaths, and intend to remain such until the Allopaths themselves, by the adoption of our principles, render any such name superfluous. It is only a question of time, and we are quite ready to wait for such a consummation as the union of the two schools.”

THE sample of *Lactopeptine* sent us by the manufacturers, New York Pharmaceutical Association, has been tested in several cases of Dyspepsia, some of them of long standing, and has not failed of affording relief in a single case. We feel warranted in earnestly recommending it to consideration and trial by the profession. It has served us so well in one case, that we cannot refrain from citing: —

Mrs. —, aged sixty-seven, has been troubled with dyspepsia for a year or more; within the past three months various remedies have been tried without permanent relief. Three weeks ago *Lactopeptine*, a powder of five grains after each meal, was prescribed for one week; since that time no trouble has been experienced, and the patient expresses herself as feeling better than she has before for two years.

CORRESPONDENCE.

JOHN RHEA BARTON, M.D.

NEW YORK, April 10, 1878.

MY DEAR EDITORS,— There always seems to hang round the city of Philadelphia a cloud of illustrious names belonging to Medicine and Surgery ; names which can never be forgotten in the history of medicine, and which mark a past era in the medical progress of this continent. There was a time when the City of Brotherly Love was the great Mecca of medical science toward which were turned the expectant faces of all those who aspired to the degree of *Medicinæ Doctor*, and where flourished from generation to generation distinguished physicians and surgeons, whose names are as familiar in our mouths as household words. That age has slowly passed away. Great medical universities are found in all the large cities of the East and the West ; the patronage of medical students is divided now, and physicians of learning and distinction are found in all quarters of our land. And yet for all, there still seems to me to hover around the city of my boyhood and my student days a sort of mysterious medical aura, that breathes of a dignity and a dogmatism ; of an irreproachable respectability ; of a quiet but profound sense of knowledge — belonging to medicine, medical colleges, and professors — of which I cannot divest myself, and probably would not if I could. Besides this, there are the marks of its former medical greatness everywhere to be found throughout the city. Here and there, even to this day, are little deserted nooks and corners ; a by-way or a blind alley, wherein are found private anatomical rooms, and most awfully steep amphitheatres, and the smallest sized lecture-rooms, wherein the younger members of the profession — under the shadow of former great names — instruct the student in anatomy, and surgery, and chemistry, and obstetrics. Where dissections are carried on with private instruction ; where surgical anatomy receives the attention it deserves ; where manakins are bandaged from top to toe ; where buckskin babies are delivered from soiled manakins in all kinds of positions Ah ! as I write, how well these things come back to me, for I've been over and over the ground myself, and, as I look back again, I wonder why their fascination has not yet departed from me ; but it hasn't, and I don't believe it ever will.

Then again, ever and anon, we read of "sales at auction," or of "private sales," of such or such an anatomical museum, or of a collection of medical or surgical plates, or a Dr. ——'s rare and costly collection of bones; and so on *ad infinitum*; all of which facts go to prove what I have said of old Philadelphia, to which I no more belong — more shame to me! — but which, as a surgeon, I must ever respect, and must always cherish the memories of those bright lights — one of whom I wanted to write a line or two about when this letter was commenced, but, as you see, I have strayed away without leave or license. Let me ask you to excuse me, and allow me to go back to my subject. The name that stands at the head of my letter is not so well known as it should be among the surgeons of America. In Philadelphia his memory is cherished because that city was the scene of his labors, but it is especially requisite — at least so it appears to me — at this time, when *sub-cutaneous osteotomy* is becoming more widely known, that the name of Dr. Barton be placed where it properly belongs in connection with this operation. I send you with this an extract from a biographical sketch of Dr. Barton, which was recently delivered in Philadelphia by Prof. D. Hayes Agnew. The author is peculiarly fitted for obtaining *correct data* of the life of the distinguished surgeon, and as the address was delivered on the occasion of the endowment of the "John Rhea Barton Chair of Surgery," in the University of Pennsylvania, I think it peculiarly interesting and instructive.

It is a singular fact that Dr. Barton's name is generally connected, in the minds of most American surgeons, with the excision of a *wedge-shaped piece* of bone from the anterior face of the femur, in the case of a young physician suffering from ankylosis of the knee; whereas, in reality, his first *great operation*, both in plan and execution, was that of *division* of the neck of the thigh bone, for ankylosis. This operation was performed on the 23d of November, 1826; while the excision of the wedge-shaped bit of bone was not performed until the 27th of May, 1835. For the full particulars of these operations, which ought to be of great interest to all your readers, especially to those who are interested not only in surgery, but in "American Surgery," I refer to the extract below.

Hoping I have not trespassed, I am sincerely your friend,

WM. TOD. HELMUTH.

THIS extract was published, at the request of several surgeons of Philadelphia, in the *Pennsylvania Inquirer*, March 21, 1878.

After appropriate reference to the contribution of \$50,000, by Mrs. Susan R. Barton, for the endowment of a professorship on the principles and practice of surgery in the University of Pennsylvania, as a means of nobly cherishing the memory of her husband, Dr. John Rhea Barton, Prof. Agnew gave a concise sketch of the former's antecedents, and the conditions of his early life and education. Continuing then, he recited the improvements introduced by Prof. Barton, by which the latter made his name familiar to the surgical world. The following instances were the most prominent of those given by the speaker as descriptive of Prof. Barton's boldness in conceiving, and skill in successfully executing plans of surgical relief in extraordinary cases:—

In 1827 he published, in the *North American Medical and Surgical Journal*, a paper entitled "Treatment of Anchylosis by the Formation of Artificial Joints." A sailor had been brought into the Pennsylvania Hospital, who had fallen through the hatchway into the hold of a vessel, striking upon the right hip, and who lay for five months after the accident with the limb drawn up at right angle with the pelvis, until an immovable consolidation had taken place between the head of the femur and the acetabulum. Apparently this poor man was doomed to a life of helpless confinement. Surgery, notwithstanding her affluence of resources, had no remedy for such a case.

The helpless state of the patient soon enlisted the interest of Barton, who conceived the bold idea of dividing the bone of the distorted limb and establishing an artificial joint. This novel procedure was presented at a consultation of the surgeons of the institution, and, after mature deliberation, received their sanction. The plan proposed was to expose the femur near to its upper extremity, divide the bone with a saw, and, after bringing the limb into the straight position, to practise frequent movements, in order to prevent the union of the divided fragments, and thus endeavor to secure a false joint. The sagacity and foresight of the operator are admirably exhibited, in that he seems to have anticipated every question in connection with the subject, which has formed matter for discussion among surgeons from that day to the present time. Not only so, but he was able to reach a correct deduction by reasoning from the extraordinary resources of the body, and from previously observed pathological phenomena, known to occur, under conditions not altogether dissimilar to those connected with the case in hand.

The questions associated with the contemplated operation, which

seemed to demand a careful consideration, were the possibility of establishing an artificial joint, and the feasibility of planning the incisions so as to disturb as little as possible the muscular attachments, in order that, the first being successful, the movements of the limb might be executed with a proper degree of precision and efficiency. That temporary non-union could be obtained by simply moving the ends of the bone at short intervals, there was no doubt. This undesirable result was only too frequently witnessed in disturbed or badly-treated fractures; but could a pseudarthrosis be permanently maintained, and if so, would the other components of a physiological joint follow to an extent which would render the new articulation useful,—that is, would the ends of the divided bone, if kept in juxtaposition, so affect each other that one should become excavated and the other become rounded, resembling an ordinary enarthrosis? would the surrounding connective tissue become sufficiently condensed, thickened, and adherent about the fragments to impart the two great requisites of firmness and mobility? would the ends of the bone become sufficiently incrustated by a cartilaginous or fibrous deposition so as to render them proof against absorption from the attrition of their surfaces? and, finally, would a lining structure be organized competent to fulfil the purposes of a synovial membrane?

These questions having been disposed of on the 22d of November, 1826, Dr. Barton made the operation before the class of medical students at the Pennsylvania Hospital. Two incisions were made over the trochanter major, five inches long, the one perpendicular and the other transverse, the tissues were carefully separated from the femur, and the bone divided by a saw passing through its neck and trochanter, after which the limb was immediately brought into a straight position. The wound healed kindly, and the poor cripple, who believed himself doomed to a hopeless infirmity, was again able to stand upon his feet and walk like any other man. What an achievement for American surgery! but, greater than all, what a triumph for humanity! Though the operation is now done by a more simple and safer method, yet the world is indebted to Dr. Barton for having pioneered the way for sub-cutaneous osteotomy.

In 1835 a physician from Alabama came to Philadelphia seeking surgical treatment. When a child of nine years of age he had suffered from a severe attack of synovitis of the knee joint, which resulted in the destruction of the articulation, and in ankylosis of the leg at right angles with the thigh, rendering the limb not only

useless, but a positive incumbrance to the patient. This gentleman was induced to consult Dr. Barton, whose reputation as a surgeon had now become widely known, and who, after a thoughtful study of the case, formed a plan of treatment which not only exhibited the perfection of his mechanical skill, but revealed another trait which belonged in an eminent degree to the man, namely, a wise forethought to provide against complications or accidents calculated to render an operation abortive. On the 27th of May, 1835, Barton not only rescued a limb from amputation, but, by correcting the vicious position, rendered it as useful for support and for locomotion as its fellow.

In the execution of the operation the femur was exposed in front, and a V-shaped piece cut out of the bone, including a small portion of the condyles, and leaving the patella, which was adherent to the trochlea surface of the latter, undisturbed. A small bridge on the posterior face of the bone left undisturbed by the saw, was broken by force. By removing a section from the femur of the form stated, provision was made for a change of place without displacement of the fragments when the limb was brought into the straight position, and which probably could not have been accomplished without a resort to such an expedient, and by straightening the limb by degrees as the asperities of the fragments became rounded away under the action of the absorbents, the danger to the popliteal vessels was also avoided. The success of this operation was complete. The man was loosed from his deformity, and was able to resume his professional work with a degree of satisfaction which he had never before known.

Here were two grand triumphs of surgical art which, prospectively considered, have been so pregnant with blessings for the race, that had the freedom of every city on the continent, or in the civilized world, been tendered to Barton, it would have been a tribute neither too extravagant nor imperial for the work which he had wrought. On the 7th of November, 1838, Dr. Barton published his paper entitled "Views and Treatment of an Important Injury of the Wrist." Mr. Colles, of Dublin, had called the attention of surgeons to certain peculiarities attending fractures at the carpal extremity of the radius, in an article which appeared in the *Edinburgh Medical and Surgical Journal*, as early as 1814. This writer located the injury which he described about one inch and a half above the lower articulating surface of the bone, but which, as Robert Smith has shown, is really from one-half to three-quarters of an inch above its carpal

surface. Barton, during his service in the Pennsylvania Hospital, an institution which then, as now, constituted an extended field for observation in this particular class of surgical injuries, believed that he had witnessed certain phenomena attending fractures at the lower end of the radius which were not explained by any of the recognized authorities upon the subject. The lesion which he described consisted in the breaking off of the posterior edge of the carpal articulating surface of the bone. There is no evidence that Barton had ever verified, by *post-mortem* examination, the presence of this fracture, and, indeed, the existence of the injury has been denied altogether by some surgeons. Though doubtless a very uncommon accident, yet that it does occasionally occur there is no room for doubt. In the collection of pathological bones belonging to Professor John Neill, of this city, is a specimen illustrative of the injury, and to-day, numerous as are the devices for the treatment of fractures at the inferior extremity of the radius, none fulfil so perfectly the indications required as the one designed by Dr. Barton himself. Indeed, the dry bones, as they are termed by the not over-zealous student, seem to have supplied the richest field for his genius. It appears from what has been stated by the late Dr. Norris, that, except in the single instance of Juvine, of Geneva, Barton was the only one who had particularly called attention to what is now termed the bent or green stick fracture. The defects of the old plan of treating surgical patients by depletion and starvation during the early stage of their injuries, was soon detected by Barton, and it was only a few years before his death that he detailed to Professor Penrose a comparison of his hospital experience under the two systems mentioned, and among other things spoke of the comparative infrequency of tetanus following traumatism, after the adoption of a more liberal plan of feeding. The biographical artist, in portraying the life of his hero, loves to dwell chiefly on those events or achievements which have attracted public admiration, too often forgetting the numerous though less pretentious characteristics, which, from the multiform points in which they come in contact with our humanity, not only lead to great success, but confer extraordinary grace on the life. The glory of the Alps does not wholly consist in her mighty mountain peaks, which send their spires into heaven, clothed with sunshine and cloud; a thousand charms are seen in the little foot-hills, the grassy vales, and the rippling streams which catch the eye of the pleasure-seeking tourist. And so with the subject of our sketch. It was not alone those achievements which bear the stamp of originality, and which

heralded his fame on the wings of the wind and made his name a tower of strength, but there were other charms which have rendered the memory so fresh and fragrant in the hearts of his friends. As an operator, Dr. Barton was cool, decided, elegant, and full of resource; using either hand with equal facility, he seldom changed his position when engaged in any surgical procedure. His dressings were applied with the utmost precision and neatness of detail. The roller with him was like plastic clay in the hand of the potter; obedient to the master's wish, every turn fell into place like a well-fitting garment; indeed there was an unstudied grace in every movement of the man. With an easy dignity of manner, a cheerful disposition, and a breast full of human kindness, he possessed, in a remarkable degree, the quality of personal magnetism, inspiring all who came within the limits of attraction with an enthusiastic admiration for the profession which he adorned.

SCARLET FEVER PREVENTION.

FROM THE NASHVILLE AMERICAN.

IN your last issue appeared a circular from our State Board of Health, professing to give the nature, causes, and prevention of scarlet fever.

At the close is this paragraph: "Physicians and local boards of health are earnestly requested to impress these facts upon the minds of those under their influence or control," etc.

As a physician, thus called upon, I feel warranted in giving attention to the teachings of the State Board, and in publishing my dissent therefrom, in one important particular.

The very first recommendation in the circular reads thus:

"1. Put no reliance in *Belladonna*, *Sulpho-Carbolate of Soda*, or other so-called antidotes."

The limits of the circular did not allow the exhibition of reasons, nor reference to authorities, in support of the recommendation made, and hence we do not know if any member of the Board has had experience in the use of *Belladonna* as a preventive of scarlet fever.

If the denunciation of this important prophylactic is based upon the individual experiences and observations of the Board, I would respectfully solicit some proper statement of such experiences, so that the public may be able to judge of the value of the denunciation.

If the Board has been governed, rather, by the experiences of others, I ask for some statement of those experiences.

I have no hesitation in saying that I have had much experience in the exhibition of *Belladonna* as a preventive of scarlet fever, in various epidemics of that dreaded disease, and that I have found it nearly always efficient, and never hurtful.

Since I adopted its use I have rarely had more than one severe case in a family, where the other members have been subjected to its influence in time.

I was led to its use by the favorable reports concerning its efficiency, coming from various and reliable sources, at home and abroad. I consider the proofs, both practical and theoretical, in its favor, as convincing and satisfactory.

But *Belladonna* does not prevent eruptive affections often mistaken for scarlet fever; nor does it act favorably and safely in all manner of doses, and under all manner of circumstances.

Much of the adverse experience, most of the failures reported in its use, have come from persons making a wrong diagnosis of the disease, or a wrong use of the *Belladonna*.

I undertake to say, in the face of the denunciation of the Board, and in view of all that has been published on the subject, in the literature of medicine, that it is the most efficient and only reliable prevention of scarlet fever known to the world.

Used in time, it will prevent, or favorably modify, the genuine scarlet fever.

As to the other recommendations of the Board I have nothing to say at present, as they are such, mainly, as have often been published by boards of health in other places.

Considering the frequent prevalence and fatality of the disease in question, how it ravages the best of homes, and takes away the brightest of children, I must express my surprise that a Board, presuming to act for the whole State, should make a deliberate effort to wipe away from the hands of the profession and the homes of the people an agent that has saved thousands of lives in the past, and that affords the most rational hope of saving many more in the future.

J. P. DAKE.

BROOKLINE, MASS., May 11, 1878.

Messrs. Editors: — The cases reported by Dr. Dodge, of Portland, are of interest to me, as one remedy he used helped me out of a similar difficulty. The remedy is the *Apis Mel.*, and let me say here, that, in my opinion, had *Apis* been given at first in the case mentioned, no further medication would have been necessary. November, 1876, I was sent for to see an Irish woman, who they said was in great distress. I found the patient bolstered up in bed, countenance anxious, with dyspnœa, oppression of chest, and a swollen, puffed appearance of face. Her greatest complaint was about the genitals. Upon inquiry found her in the seventh month of pregnancy. An examination revealed the external genitals enormously swollen; so much so, that it was next to an impossibility for her to walk; her feet and limbs were badly swollen, and there was general anasarca. Complained of a great pressing down, with a good deal of irritation in urination. She also complained of a dull, heavy, oppressed feeling in her head, and at times with vertigo. Said that two months previous, had noticed occasionally a dizziness, with a queer feeling in her head. I gave *Apis*^s in water, dose every hour through the day, and requested her to send me a specimen of the urine. The urine was dark mahogany color, turbid, scanty, with sediment. An examination revealed a large amount of albumen. I told the husband the nature of the case, so as to be sure and have the patient take the medicine regularly. I saw the patient for three days in succession, when the difficulty of breathing and oppression of chest had disappeared; the œdema very much reduced. I continued the medicine at longer intervals, having a specimen of water sent me every three or four days. The urine became more copious, clearer, and in three weeks hardly a trace of albumen. During this time, I gave a few doses of *Nux Vom.*^s for the gastric symptoms and constipation.

I chanced to meet Prof. J. H. Woodbury, at this time, spoke to him of the case, and he gave it as his opinion that convulsions were greatly to be feared. I saw no more of my patient until three weeks after confinement, when I was called to see an older child. I inquired about her confinement, when she said she got along so well and quick, that there was no need of calling me to attend her. Did not have any more trouble; baby strong and healthy; was much more comfortable the last month than during the eight months previous. The moral the doctor speaks of is a good one.

Fraternally yours,

IRA B. CUSHING.

SOCIETIES AND INSTITUTIONS.

*ANNUAL MEETING OF THE MASSACHUSETTS
HOMŒOPATHIC MEDICAL SOCIETY.*

PREPARED BY DR. N. R. MORSE.

BOSTON, April 10, 1878.

THE meeting was called to order in Wesleyan Hall, Bromfield Street, Boston, at 10.50 A.M., by the President, Dr. O. S. Sanders, of Boston. About ninety members were present.

The Recording Secretary, Dr. E. P. Colby, of Wakefield, read the records of the previous meeting, which were approved, and also the records of the Executive Committee.

The President then delivered the usual Annual Address, which was well received, and upon motion, it was

Voted, That the Address be accepted, and the Society tender their thanks.

On motion, it was

Voted, That a committee of three be appointed to consider the necrology of the Address, and present appropriate resolutions at this meeting, and the following-named members were appointed to serve on that committee: Drs. N. R. Morse, Benj. H. West, and E. U. Jones.

The following-named candidates having passed the Board of Censors, and been recommended by the Executive Committee, were elected to membership: Howard P. Bellows, M.D., Boston; L. G. Howe, Jr., M.D.; J. Merle Teele, M.D., Boston; Lorenzo F. Butler, M.D., Quincy; Leslie A. Phillips, M.D., Watertown; Mary K. Gale, M.D., Wollaston Heights; and C. Abbie Rollins, M.D., Boston.

The Committee on Materia Medica made their report through Dr. A. M. Cushing, of Lynn, and the following papers were presented.

I. Salicylic Acid. Dr. A. M. Cushing, Lynn.

II. Salicylic Acid. Dr. W. A. Donaldson, Lyndonville, Vt.

III. Lapis Alba. Dr. Lewis Whiting, Danvers, Mass.

Dr. H. L. Chase, of Cambridgeport, called attention to the fact that in proving Salicylic Acid *all* the pains were in the muscular tissue, none being produced in the joints.

On motion, the Bureau was closed.

The Committee on Clinical Medicine reported through Dr. J. K. Warren, of Palmer — the Chairman of the Committee, Dr. E. P. Cummings, of Newburyport, having died on the 8th inst. — and the following communications were received : —

- I. Nervous headache treated with Melilotus. Dr. W. B. Chamberlain.
- II. Eczema. Dr. E. F. Hinks.
- III. Gall Stones. Dr. E. F. Hinks.
- IV. Case from Practice — Apoplexy. Dr. S. H. Colburn.
- V. Cases from Practice. Dr. J. K. Warren.
- VI. Scarlatina. Dr. Sterling.
- VII. Case of Cancer of Lung. Dr. E. U. Jones.
- VIII. Autopsy of the late Dr. Cummings. Dr. N. R. Morse.
- IX. Fistula in Ano. Dr. A. M. Cushing.
- X. Lycopus in Heart Disease. Dr. A. M. Cushing.
- XI. Morphine in Incarcerated Hernia. Dr. A. M. Cushing.

Dr. B. H. West mentioned case of cancer cured by electricity, in the practice of Dr. Garrett, of Boston.

On motion, the Bureau was closed, and at 1.10 P.M., the Society took a recess until 2 P.M., for lunch.

AFTERNOON SESSION.

Meeting called to order by the President, at 1.55 P.M., when the annual election of officers for the year ensuing took place, with the following result :

President, D. B. Whittier, M.D., Fitchburg ; Vice-President (1), H. P. Hemenway, M.D., East Somerville ; Vice-President (2), T. S. Scales, M.D., Woburn ; Corresponding Secretary, F. H. Underwood, M.D., Boston ; Recording Secretary, N. R. Morse, M.D., Salem ; Treasurer, H. C. Clapp, M.D., Boston ; Librarian, J. T. Harris, M.D., Boston ; Censors, E. U. Jones, M.D., Taunton ; A. M. Cushing, M.D., Lynn ; L. Whiting, M.D., Danvers ; J. A. Burpee, M.D., Malden ; and D. G. Woodvine, M.D., Boston.

The Committee to whom was referred the charges made by Dr. H. M. Jerneagan against the Trustees and Medical Board of the Massachusetts Homeœopathic Hospital, reported that in their opinion the Society had no right or authority to act in the matter.

On motion, the Report of the Committee was accepted, and adopted after considerable discussion, in which several members participated.

Voted, That Drs. Sherman, Warren, and Sanders constitute a committee to represent the Society at the funeral of the late Dr. Cummings, in Newburyport, on the morrow, the 11th inst.

Dr. D. B. Whittier, of Fitchburg, the Orator, now delivered the Annual Oration, entitled "The Professional Uses of Our Medical Ignorance."

The address was listened to with interest and attention, and a vote of thanks was tendered by the Society at its close.

Dr. N. R. Morse, from the Committee of Necrology on the President's Address, reported the following Preamble and Resolutions:

Whereas, It is fitting that we should recognize the Hand of God in all His dealings with us, and that by the sudden and unexpected removal by death of several honored colleagues and friends during the past year, we are again strikingly reminded of our own mortality, and called to lament the great loss we have sustained in their scholarly attainments, professional zeal, and the high moral and social influence which they exerted in the profession, and in the several communities in which they had the honor to reside; therefore,

Resolved, That we members of the Massachusetts Homœopathic Medical Society feel deeply the great loss which we have experienced in the deaths of Drs. Weld, Jackson, Barrows, Hurd, and Cummings, and hereby tender to the families and friends of these our departed colleagues our most hearty and unfeigned sympathies and condolence in our mutual loss.

Resolved, That a copy of this resolution be transmitted to each family of the deceased, and a copy spread upon the records of the Society.

On motion, it was

Voted, That the Report be accepted and adopted. Eulogistic remarks upon the late Dr. Weld were made by Drs. West, H. L. Chase, Thayer, and Talbot, and upon the late Dr. Cummings, by Drs. Cushing and N. R. Morse.

Dr. Jernegan, on the question of privilege, was allowed the floor for five minutes, during which he read a letter declaring the confidence of the writer in his professional capabilities.

The Committee to whom was referred the subject of publishing the "Transactions," reported that they had conferred with the publishers of THE NEW ENGLAND MEDICAL GAZETTE, who offered to print and issue with the Gazette the "Transactions" of the Society at cost of publishing, viz.:—

16 extra pages to the Gazette, at \$1.62 1-2 per page. Extra copies furnished (16 pp.).

For 100	.	.	.	.	.	.	\$4.50
" 200	.	.	.	.	.	.	7.50
" 500	.	.	.	.	.	.	13.00

It was

Voted, That the Committee on Publication accept for the Society the terms offered by Messrs. Otis Clapp & Son, and that the publication commence at the point at which it was left off.

The Committee on Obstetrics made a report through its Chairman, Dr. H. E. Spaulding, who read a valuable paper entitled "External Pressure in Delivery," after which the Bureau was closed.

The Committee on Pædology were represented by Dr. A. M. Cushing, who presented by title the following paper: "Why do so many Young Children Die?"

No reports were made by the Committees on Surgery, Pharmacy, and Climatology, but were deferred to the October meeting, on account of the day being far spent, and, on motion, it was

Voted, That the meeting adjourn *sine die*.

RHODE ISLAND HOMŒOPATHIC SOCIETY.

A QUARTERLY meeting of this Society was held at the residence of Dr. Robert Hall, on Friday evening, April 12, at 8 o'clock. The Vice-President, Dr. Gottschalck, presided over the deliberations of the evening. Emily Metcalf Thurber, M.D., of Providence, and C. F. Brown, M.D., of Wickford, were proposed for membership; the resignation of Dr. Grenville S. Stevens was accepted.

Dr. E. B. Knight presented a detailed report of a case of cerebro spinal meningitis.

Dr. E. U. Jones, of Taunton, read by request his report of the last sickness of Dr. Caroline A. Hurd. The inevitable discussion on cancer then obtained.

Sundry questions of practical ethics were discussed, and satisfactory decisions attained.

Dr. I. W. Sawin was continued, and Dr. Wm. E. Caldwell appointed additional essayist for next meeting.

The President and Secretary were authorized to appoint delegates to the American Institute, and also to State Societies.

The Dispensary Report showed 672 prescriptions to 331 patients at the Rooms, and 459 visits to 87 patients through the city, or 1,131 prescriptions to 418 persons.

At ten o'clock the Society adjourned to the dining-room, where an elegant table, embowered in flowers, literally groaned beneath its weight of delicacies. A half-hour passed very pleasantly at its side. The entire session lasted nearly five hours.

G. B. PECK, JR., *Secretary.*

NOTE. — Through the inexplicable heedlessness of the reporter and the proof-reader, the title of one of Dr. Wilcox's recent cases became transmogrified from Pyo- to Hydronephrosis, and was allowed to stand as such. Justice to that accurate pathologist demands this explanation.

FIFTH ANNUAL REUNION OF THE HAHNEMANN MEDICAL CLUB. — Last night the Hahnemann Medical Club celebrated the birthday of Samuel Hahnemann, M.D., who was born on the 10th of April, 1755, at Meisson, in Saxony, and was the founder of the system of Homœopathic medicine. The occasion was also the fifth annual reunion of the Club. Special invitations were extended to the surviving Professors of the Allentown Academy of Medicine, the first Homœopathic institution in the world, also to the Faculty of the Hahnemann Medical College of this city, and to the members of the Chester, Delaware, and Montgomery Counties Medical Society, which organization held its annual meeting in this city, during the day, together with a limited number of physicians. The meeting was held at Morse's Parlors, on Arch Street. The literary exercises commenced at eight o'clock, with an address by the President, Prof. R. J. McClatchey, M.D. Many of the old veterans were present, and among them Constantine Hering, M.D., the oldest practitioner in the city; Henry Detwiller, M.D., of Easton, who made the first Homœopathic prescription in the State. Medical essays were then read as follows, by members of the Society, and discussions entered into upon each one, the invited guests taking part in the exercises: —

1. *Coca as a Substitute for Alcoholic Intemperance.* By Pemberton Dudley, M.D. Discussed by Ernest A. Farrington, M.D.

2. *Heart Diseases — Mitral Insufficiency.* By Bushrod W. James, M.D. Discussed by Augustus Korndoerfer, M.D.

3. *Chorea.* By Wm. H. H. Neville, M.D. Discussed by Pemberton Dudley, M.D.

4. *Bromide of Potassium*. By Augustus Korndoefer, M.D. Discussed by Mahlon M. Walker, M.D.

5. *Chronic Urethritis*. By John E. James, M.D. Discussed by Wm. H. H. Neville, M.D.

6. *Membranous Croup*. By C. S. Middleton, M.D. Discussed by A. H. Ashton, M.D.

7. *Nephralgia*. By Mahlon M. Walker, M.D. Discussed by Bushrod W. James, M. D.

8. *Spasmus Glottidis*. By Ernest A. Farrington, M.D. Discussed by C. S. Middleton, M.D.

9. *Galvano-Cautery*. By B. F. Betts, M.D. Discussed by John E. James, M.D.

A collation was partaken of about 10.30 o'clock. An abundance of humor and a flow of sentiment enlivened the remainder of the evening, making it one of the most sociable and enjoyable events of the season.

Among the early events of Homœopathy in this State, we may mention the following:—

July 24, 1828, Dr. Henry Detwiler gave the first dose of Homœopathic medicine administered in the State of Pennsylvania.

In 1830, Dr. John Romig, a young Allopathic physician with an extensive practice, adopted as his guide the new law of *similia similibus curantur*. April 10, 1833, the first Hahnemann Society was founded in Philadelphia. In 1834, Dr. Constantine Hering came from Paramaribo, South America, to Philadelphia, where his fame had long preceded him. The Homœopathic Society of Northampton and adjacent counties was founded Aug. 23, 1834, of which Drs. Wesselhoeft, John Romig, Henry Detwiler, E. Freytag, and Joseph Pulte were members.

This Society decided to establish a Homœopathic School of Medicine, and appointed a committee composed of Drs. Wesselhoeft, Henry Detwiler, and John Romig, to proceed to Philadelphia for the purpose of inviting Dr. C. Hering to become the president of the new school to be founded at Allentown, Pa. The Academy was founded April 10, 1835 (Dr. Hahnemann's birthday), under the title of the North American Academy of the Homœopathic Healing Art.

May 27, 1835, the corner-stone of the building for the School of Homœopathic Medicine, at Allentown, was laid; Dr. Hering delivered the inaugural address. The faculty consisted of Drs. C. Hering, W. Wesselhoeft, Eberhardt Freytag, and John Romig. The first honorary member elected was Dr. Samuel Hahnemann, April 10, 1835.

Dr. Hahnemann published his organon of medical principles in 1840, and died in the city of Paris, in 1843, where he had built up an extensive practice.

The Club is composed of twelve physicians in active practice, each of whom has a specialty in the society, on which he is authority, and to whom knotty questions are submitted for solution when they come up at the Club sessions. Every member must work, and submit papers from time to time for investigation and discussion.

The following is a list of the names of the members at the present time, together with their specialties :—

J. G. Howard, M.D., *Obstetrics*.

A. H. Ashton, M.D., *Hygiene*.

R. J. McClatchey, M.D., *Diseases of Women and Children*.

Bushrod W. James, M.D., *Heart and Lung Diseases*.

Pemberton Dudley, M.D., *Physiology and Nervous Diseases*.

Wm. H. H. Neville, M.D., *Sanitary Science*.

Mahlon M. Walker, M.D., *Pathology*.

Augustus Korndoerfer, M.D., *Therapeutics*.

John E. James, M.D., *Surgery*.

C. S. Middleton, M.D., *Clinical Medicine*.

Ernest A. Farrington, M.D., *Materia Medica*.

B. F. Betts, M.D., *Gynæcology*.

E. A. Farrington, M.D., *The Philology*.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner Third Avenue and Twenty-Third Street. — *Report for the month ending April 30, 1878 :—*

Number of Prescriptions	.	.	.	.	3,881
“ “ new Patients	.	.	.	.	475
“ “ Patients resident in the Hospital					42
Average daily Attendance	.	.	.	.	149
Largest “ “	.	.	.	.	208

J. H. BUFFUM, M.D., *Resident Surgeon*.

ITEMS AND EXTRACTS.

TREATMENT OF POSTPARTUM HEMORRHAGE BY THE INJECTION OF HOT WATER INTO THE UTERUS.—Dr. Lombe Atthill observes, in a paper read before the Dublin Obstetrical Society, on the 8th December, 1877, that postpartum hemorrhage is of such frequent occurrence, and so often assumes an alarming character, that any method of checking it which combines efficacy with ease of application, and safety to the patient, is certain to be hailed with satisfaction by practitioners. The most efficient means at our command for the arrest of flooding after labor is the injection of a styptic, such as the solution of the perchloride of iron, into the uterus. This is a procedure which he has no hesitation in recommending, notwithstanding the alleged danger attending it; but the perchloride may not always be at hand when the emergency arises. The introduction of the hand into the uterus, which is sometimes very effective, is, he thinks, certainly not free from danger, and is by no means reliable in its results. The routine treatment by cold, whether applied to the surface or injected into the uterus, requires for its success that the patient should be possessed of sufficient vitality to insure reaction; it is positively injurious when the patient has been debilitated by previous disease, is worn out by protracted suffering, or exhausted by frequent, though it may be small, losses of blood. Dr. Atthill states that, as far as his personal experience goes, the apparently alarming losses of blood which sometimes occur immediately after the birth of the child, or expulsion of the placenta, are not likely to terminate fatally; they can in general be at once arrested by the application of steady pressure over the fundus of the uterus, and by the use of cold; but the hemorrhage to be dreaded is that in which the blood trickles away in a little, never-ceasing stream, the uterus relaxing and contracting alternately. This form, of which he has seen several fatal cases, is most common in debilitated women, and in such cases, cold is in general either useless or injurious. Dr. Atthill gives a case of this kind of hemorrhage when the “usual means” had been applied without success, and in which, on being sent for, he arrested the hemorrhage at once by removing the wet sheets, applying warm jars to the extremities, and friction to the uterus. Lately, having been called to another case, he resolved to inject hot water: the tube of the syringe was passed right up to the fundus of the uterus, and water at a temperature of 110°

Fahrenheit was freely injected, the hand being at the same time kept over the fundus. The uterus contracted freely under it, exactly as it would have closed had he employed the perchloride of iron. In a very short space of time, probably before he had injected more than a pint of the hot water, the fluid ran nearly clear from the vagina, the pulse improved to a marked extent, and he ceased to inject any more. After a short time a binder was applied, and the patient made a good and rapid recovery. In another case, the hemorrhage after delivery was complicated with the presence of a fibrous tumor in the walls of the uterus, but this did not deter him from proceeding with the injection, which both stopped the bleeding and removed the pain, that had previously been severe. The plan of injecting hot water under these circumstances appears to have been first suggested by Dr. Windelband. Dr. Atthill concludes by saying that in hot water we have at once a safe and efficient remedy for postpartum hemorrhage, but its advantages are not confined to this, for it may be used to check hemorrhage occurring in cases of chronic disease of the uterus, and after operations. Though 110° Fahrenheit is the temperature named, it is not necessary that this should be precise. Water in which the hand can be kept without discomfort may with safety be employed, but it must be remembered that if the temperature be allowed to fall much under 110° disappointment will certainly follow; equally will the injection be nearly useless if the tube of the syringe be not passed right up to the fundus of the uterus, or at least be introduced fairly within its cavity. (*Dublin Medical Journal*, January, 1878.)—*Practitioner*.

LACTOPEPTINE.—In the treatment of Infantile Diarrhœa produced by imperfect digestion, we have had most satisfactory results from the use of Lactopeptine, also in cases of Impaired Digestion in old persons. This is one of the most valuable pharmaceutical preparations that has been placed in the hands of the profession. We take pleasure in attesting to its value from a considerable experience in the use of it.—*Cincinnati Lancet and Observer*, Jan. 1878.

DR. RUSSELL, in the *British Medical Journal* for March, 1878, describes the following eruption as resulting from continued large doses of *Bromide of Potassium*: The eruption was first papular, then pustular. None of the pustules were smaller than a good-sized dried pea, and the largest were double that size. There was a zone of inflammation around their base.

RANUNCULUS.—Dr. Palli describes four degrees of the effects: 1. Redness of the skin, with severe (*lebhaftem*) but not painful itching, occurring twelve, twenty-four, or forty-eight hours after the external employment of the drug, and continues without any other symptoms five or six days, when the redness of the skin disappears with a slight desquamation; 2. Redness, with sensation of heat, accompanying an elastic, sensitive, itching swelling of the skin ten or twelve days after the application, and continues five or six days. During this time there forms on the irritated skin a confluent eruption of small vesicles, which dry up without opening, when desquamation follows; 3. Bright redness of the skin, with violent heat of the swelling, on which six or eight days after the application a blister forms, filled with yellowish liquid. Around this others arise, which are smaller, and bordered with a brown circle, and also small, painful, bloody ulcers arise. The blister remains some time unchanged, and exudes, for three or four days, a watery liquid, and then bursts, throwing out some pus, while the skin assumes a white or pale red color; 4. Small blisters form after a superficial withering of the skin. These degrees of action do not reach the intensity and extensiveness of Dr. Franz's provings; they depend, according to Palli, on the kind of preparation of the Ranunculus employed. While the expressed juice and alcoholic extract had no effect (?), the plant macerated six days in olive oil, which was then warmed to 140° Fahrenheit, produced the first degree; the Ranunculus vinegar produced the second; the cold prepared alcoholic tincture the third; the distilled aqueous extract and the alcoholic distillation, prepared in the water-bath, excited the effects of the fourth. The irritation was not limited to the parts touched, but spread over the whole body. In particular there was observed a weakness of the pulse, and a sensation of numbness, with heaviness of the head.

Palli obtained the best marked results from the external employment of Ranunculus in patients who suffered from irritability of the mucous membrane of the respiratory organs and intestinal canal, and from painful neuroses of the limbs, particularly in long-continued sciatica, in which he sometimes used the tincture, and other times the aqueous distillation.—*Homœopathic News*.

THYMOL AS AN ANTISEPTIC.—A new and important antiseptic has been discovered in thymol. It is stated that one part in one thousand of a saccharine solution will prevent fermentation, and it is an agreeably smelling substitute for carbolic acid, instead of which it can be employed.—*Idem*.

SIGNS BY WHICH PHTHISIS IS RECOGNIZED IN ITS EARLIEST STAGES WITHOUT THE AID OF PHYSICAL EXAMINATION OF THE CHEST.—

1. Retraction of the skin over the cheeks.

2. Cerulean hue of the sclerotic, due to anæmia of the conjunctiva.

3. Atrophy of the lips, of the ears, and a thin, pinched appearance of the nose. Whenever the skin closely covers cartilages, as in the ears and nose, a showing through, as it were, of the cartilaginous framework is one of the earliest signs of loss of flesh.

4. Pallor of the cheeks and face as compared with each other and with the malar surfaces.

5. Dilatation of the nostril upon the affected side. This is the case in all pulmonary affections, but especially in the early stages of phthisis.

6. The respiration is invariably accelerated, and the disturbance affects expiration as well as inspiration. In certain nervous disturbances the respiration is accelerated, but it is the inspiration only which is at fault.

7. Sinking of the clavicle more upon the affected side than the opposite, giving the appearance of having a very long neck.

8. Great hyperæmia of the pillars of the fauces, present long before the pulmonary disease manifests itself, and continuing until pus is expectorated. When purulent expectoration is established, decomposed pus irritates the throat, and then the other parts usually become hyperæmic.

9. Intense congestion of the throat, early hoarseness, and vomiting are unfavorable symptoms, and indicate enlargement of the bronchial glands. This vomiting is caused by pressure upon the pneumogastric by the enlarged glands. A large proportion of phthisis cases will tell of having had sore throat for a number of years previous to the development of any chest symptoms.—*Medical Record*, New York, No. 356, 1877.

EXCISION OF THE LARYNX.—This formidable operation has been successfully performed in Glasgow by Dr. Foulis. Thyrotomy had been previously performed twice, and a recurrent growth removed. At length it was decided to remove the whole larynx. The patient consented, and the operation was done. The patient made a good recovery, and could dispense with artificial feeding in a fortnight. As soon as the wound contracted enough, a vulcanite tube was fitted in with a vibrating reed, which enables the patient to speak in a monotonous but loud voice.—*The Doctor*. (*Med. Bi-Weekly*.)

OVARIOTOMY AT THE SAMARITAN HOSPITAL.—In one of his last lectures in the Samaritan Hospital, before retiring from the active work of the institution, Mr. Spencer Wells gave a brief but interesting review of the twenty years of his connection with the hospital. This includes the history of ovariectomy in England, from the first unsuccessful cases of Baker Brown, to the records of the Samaritan for the last two years, which show sixty-eight cases and sixty-one recoveries. During the first five years, about one case in three have died at the Samaritan; during the second and third five years, about one in four; in the fourth five years, about one in five, but in the last two only about one in ten died. The antiseptic system is now on trial, and Mr. Wells is more hopeful of favorable results since thymol has been introduced as a substitute for carbolic acid. Thymol has a pleasant odor, and has no poisonous properties, and, according to Dr. Burdon Sanderson, is a hundred times more effective as a germicide than carbolic acid. Volkmann has had encouraging results even with so weak a solution as one part in two thousand of water. The surgery of the hospital, however, has not been confined to ovariectomy, and a long list of operations is mentioned, the latest and most interesting of which are nephrotomy and the draining of a renal cyst, under strict antiseptic precautions. Mr. Wells proposes to hold public consultations at the hospital one day in the week, on a similar plan to the one followed at St. Bartholomew's Hospital, not wishing to sever himself entirely from the scenes of his labors and successes.—*British Medical Journal*, Dec. 15, 1877.

TREATMENT OF TRANSVERSE FRACTURE OF THE PATELLA.—At a late meeting of the Clinical Society, the President, Mr. George W. Callender, brought a patient fitted with an apparatus which he had employed for some time past at St. Bartholomew's Hospital. It consisted essentially of a sheet of plaster fitting to the thigh, and extending to the upper margin of the patella, with loops on either side of that bone, and of a canvas slipper between which, acting from the sole of the foot and the loops in the plaster, such extension was made by means of pulleys as suffices to draw the upper fragment down to the lower portion of the broken bone. It was easy to regulate the tension, and when it was thought well for the patient to get up, the apparatus was left on, as it acted just as well when the man was walking about as it did whilst he was recumbent in bed. Practically, the appliance had been found to insure very good results.—*Medical Times and Gazette*, March 2, 1878.

URARI, OR CURARA.—M. Jobert recently read a paper before the Académie des Sciences of Paris on the mode of preparation of a species of Urari that he had made at Calderaò, Brazil, not far distant from the Peruvian frontier. The elements of the preparation are:—1. The Urari uva, a climbing plant of the type of the Strychnias. 2. The Eko, or Pani, of Mahardo, a climbing plant, analagous to the Menispermaceæ. The accessories are:—3. The Taja, an Aroid. 4. The Eone, or Mucura ea ha, an Amarantaceous plant. 5. Three plants belonging to the order Piperaceæ. 6. The Tau-ma-gere, or Tongue of the Toucan. The author sends photographs, and intends to send specimens of the plants to Europe. The process of preparation is thus conducted. The barks (Nos. 1 and 2) are rasped and mingled in the proportion of four parts of the first to one of the second. This mixture is exhausted with cold water, which acquires a red color. The water is then boiled on fragments of the stems of Nos. 3 and 4 for the space of six hours, till it has acquired a thick consistence. To this the raspings of the Piperaceæ are added, and the whole is again boiled. On cooling, this fluid assumes a waxy consistence. — *Archives Gén. de Méd.*, March, 1878.

NITRITE OF AMYL.—We take the following from an account of the work of Dr. Jvan Ermesagem on Nitrite of Amyl, in the above journal: “The author divides into four classes the diseases in which the nitrite of amyl may be used: 1st. Syncope, coma characterized by weakness of cardiac innervation, anæmia, and the venous congestion of the cerebro-spinal centres. 2d. Diseases characterized by vascular spasm. 3d. Spasmodic affections of voluntary and involuntary muscles, diseases characterized by extreme elevation of temperature. The nitrite of amyl is chiefly administered by inhalation. Three drops on a handkerchief will avert threatening syncope from chloroform. In sea-sickness it will succeed heroically, according to the observation of Dr. Clapham (a hundred per cent.). In hemicrania, two drops will suffice to cure; but it is especially in angina pectoris and in asthma that the best results are obtained. But its employment is contra-indicated in old people, or in those presenting any vascular or cardiac lesion. It is also contra-indicated in puerperal plethora. Its use at all times demands much circumspection.” — *Rivista Clinica di Bologna*.

DR. LEDERER, a naval surgeon, has made observations upon thirteen hundred individuals, and reaches the following conclusions: (1)

Color-blindness in its strictly scientific sense is a very rare occurrence. (2) People who are not conversant with colors are rather numerous; this should be borne in mind in selecting men for important services with colored signals. It would be incorrect, however, to consider all such persons as subjects of color-blindness. Lederer has an extended paper on this subject in the *Wien. med. Wochenschrift* (Nos. 2 and 4, 1878).—*Boston Med. and Surg. Journ.*

EMPLOYMENT OF CATGUT TO ARREST HEMORRHAGE FROM A BONE.—Dr. Riedinger, having performed amputation of a thigh, was troubled with the hemorrhage that proceeded from the bone. As he was proposing to treat it on Lister's plan, and in the hopes of immediate union, it became necessary to stop the bleeding; direct compression proved fruitless, though it was continued for some time. At length he bethought him that catgut is absorbed when introduced in the living tissues, and he immediately cut off several ends which he introduced successively into the bleeding orifice. The flow of blood ceased at once, and no further difficulty was experienced. In order to study the manner in which catgut behaves under these circumstances, Dr. Riedinger amputated the leg of a dog and introduced a No. 3 thread into the medullary canal of the fibula. The wound was closed and healed by first intention. At the end of fifteen days the dog was killed, and on examination not the least trace of the catgut could be found. A second and larger dog was subjected to the same operation. This being done, the compact substance of the tibia was perforated with an awl, and a piece of catgut introduced into the medullary cavity. Immediate reunion followed closing of the wound, and the animal was killed in three weeks. The wound made by the instrument was contracted, but not the slightest trace of the catgut could be discovered either in it or in the medullary cavity.—*Gazette Médicale de Strasbourg*, No. 9, 1877.

THE *Philadelphia Druggist and Chemist*,—a new journal, intended to be a connecting link between the physician and druggist,—gives the news of the death in Paris of the Count de Kergaredec, who was the first to apply auscultation for the detection of the beat of the foetal heart.

The same journal also announces the death of Caventou, the distinguished French chemist, at the age of eighty-two. To him medicine is indebted for very valuable remedies. In conjunction with other chemists he discovered strychnia in 1818, brucia and veratria in 1819, quinia and cinchonia in 1820, and caffen and thein in 1821.

BLUE BILE.—Everybody has heard of “blue blood,” and doubtless many of us poor mortals cherish in secret the comforting belief that in our own veins there courses a fluid at least verging on that aristocratic tint, but as for “blue bile,” the instances hitherto noted by the ancient physicians and the occurrence of a similar condition in animals have been so rare and far between as almost to have compelled the opinion that the statements were purely apocryphal. But here is an authentic case narrated in *La France Medicale* by Prof. Andouard. The patient was a woman who vomited flakes of some substance of an intensely blue tint, which led to the suspicion of copper poisoning. Careful analysis showed no trace of copper, and the microscope revealed no organisms on which the blue color might depend. Other tests were then resorted to showing conclusively that the substance was bile, the color of which had been changed by some unknown influence. The substance was first dissolved in boiling water, filtered, concentrated, and treated with nitric acid. This produced a violet tint, which changed to red and then to yellow just as in a solution of biliverdin. Another portion was treated with alcohol, filtered, evaporated to dryness, and re-dissolved in water. This subjected to Pettenkofer's test gave the red of biliary acids. The spectroscope also showed that there was a close relation between this blue substance and the oxidation products of biliverdin and bilirubin. Other reactions showed also an affinity to the black pigment obtained from the bile of the human being as well as that of the ox, sheep, pig, dog, and cat. The observation is a very interesting one as throwing light on the possibilities of the changes in the secretions, now so well known by researches in physiological chemistry. E. S. D.—*Mich. Med. News.*

ARTIFICIAL FOOD IN EARLIEST INFANCY.—The following results have been obtained by Monkewitz and Kruse, from their experiments made at the Imperial Foundling Asylum, St. Petersburg, on various substitutes for breast employed by them when the nurse's supply is insufficient (two infants being given to each nurse). The articles in use by them were: condensed Swiss milk, Scotch oatmeal, fresh cow's-milk, and Nestle's powder. Children during the first five days of life were almost invariably made sick by any one of the above substitutes, which caused disturbances of digestion, and the rate of mortality was increased. Between the fifth and fifteenth day, the Swiss condensed milk acted the most favorably, one part to nine of water. After the fifteenth day the proportion used was one part to seven, or

two parts of this solution and one part of freshly-boiled cow's-milk. After the second month Nestle's powder was by far the most satisfactory substitute. At the best, however, the attempt to use artificial food of any kind before the end of the first month gave most discouraging results. The method of employing substitutes with infants during the first five days of life was to alternate the breast with the artificial food, giving the former five times daily and the latter four times. The amount taken at each meal varied from two to three ounces. The attempts to increase the digestibility of cow's-milk by the addition of soda or gelatine were not successful. (*The Boston Med. and Surg. Journal*, No. 5, August, 1877.) — *Practitioner*.

COMPRESSED OXYGEN AS A TEST OF CELLULAR POTENCY.— Prof. Paul Bert, of Paris, has lately utilized a former discovery of his—that compressed oxygen destroys organized (cellular) ferments, as well as living cells in general; whereas it has no effect on chemical (liquid) ferments—to determine whether certain poisonous animal ferments owe their properties to the presence of cells or not. He found (*Comptes Rendus*, lxxxiv. p. 1130) that poison of the scorpion, fresh, dried, or re-dissolved in water, resisted the action of compressed oxygen, and that vaccine lymph could be exposed for a week to oxygen at a pressure of fifty atmospheres, without losing its peculiar influence. In the same way, the virus of glanders, and that of malignant pustule, remain unaffected. Hence Bert concludes that all these poisons are independent of living cells, and that even if the corpuscular elements which their liquids contain appear, as Chauveau maintains, to be the seat of the fermentative material, this is only because the latter adheres to them by simple attraction, just as, for example, hæmoglobin is retained by the blood corpuscles. — *Medical Times and Gazette*, Nov. 3, 1877.

DIALYZED IRON IN ARSENICAL POISONING.— The administration of dialyzed iron as an antidote for arsenical poisoning should be followed immediately by a teaspoonful or more of common salt, thus insuring the formation of the ferric hydrate and the consequent neutralization of the poison. This should at once be followed by an emetic, as the action of the ferric hydrate on the arsenic is not to coagulate it, but to form a perfectly definite chemical salt known as the arsenite of iron (ferric arsenite), which, though practically insoluble, is far from being harmless. — *R. V. Mattison, Ph. G., in Phila. Med. Times*.

M. GUERIN, senior surgeon to the Hôtel Dieu of Paris, has recently been exhibiting the application of his cotton-wool dressing, by means of which he claims that wounds may be protected from the action of germs which float in the air. The cotton is supposed to act as a filterer of the air. M. Guérin put up a case at St. Bartholomew's Hospital, using five pounds of cotton-wool and over one hundred yards of bandage. In spite of this quantity of material it is affirmed by both English and French surgeons that Guérin's is not only very inferior to the Lister method, but that its results are much less perfect and reliable than those Guérin would claim for it.—*Boston Med. and Surg. Journ.*

INGLUVIN.—Ingluvin is obtained from the gizzard of the domestic fowl (chicken), and is almost a specific for the vomiting of pregnancy. Dr. Shelley has used the remedy for twenty-five years. It is also the most powerful and reliable remedy for dyspepsia and sick stomach, due to debility of the organ. It is useful in all cases where pepsin and pancreatin are indicated. In complicated gastric affections, such as inflammation, gastralgia, pyrosis, etc., it may be combined with subnitrate of bismuth and opiates; and in diarrhœa and cholera infantum with vegetable or mineral astringents. The dose for an adult is from five to ten grains. (*Med. and Surg. Reporter*, June, 1877.)—*Practitioner*.

IN Hardwicke's *Guide to European Universities*, it is stated that at Würzburg two rejections either in the thesis or the *vivâ voce* examination are fatal to a candidate's hopes, and that in all Austrian universities three failures at any "rigorosum" disqualify a candidate from ever again presenting himself for examination. In Basle the faculty can decide how soon a candidate may again present himself. In Geneva every candidate is required to conduct an autopsy. In all universities except that at Heidelberg the theses must be printed at the writer's expense. At Heidelberg, however, only those who obtain first honors are permitted to print the essay.—*Boston Med. and Surg. Journ.*

COBBOLD, the eminent helminthologist, has demonstrated, by dissections of the mosquito, that from the blood of human beings it sucks filiaræ, deposits them in cisterns, wells, etc., and that these entozoa are received into the bodies of those who drink such water.—*Boston Med. and Surg. Journ.*

ANOTHER CASE OF ARSENICAL POISONING SUCCESSFULLY TREATED BY DIALYZED IRON.—James Hayes, M.D., C.M., Simcoe, Ontario, in the March number, 1878, of the *Canada Lancet*, says that during the evening of November 14th, 1877, he was summoned by Mrs. B's char-woman, who had accidentally taken arsenic. Mrs. B. had purchased some arsenious acid with which to destroy mice. During the morning of November 14th, she had spread at least a half teaspoonful of the poison upon a slice of buttered bread, and placed it on a shelf in the pantry. During her absence from home for a short time, the char-woman went into the pantry, and, not being aware there was any poison upon the bread, ate the whole. She stated she thought it was rather gritty. On Mrs. B's return, a few minutes after, the woman complained of being sick, with cramps in her stomach, and wished some ginger tea to relieve them. Mrs. B. went to the pantry for the ginger, when she found the poisoned bread gone. On asking the woman, Mrs. B. was horrified to learn that she had eaten it.

I administered an emetic, and promoted vomiting by large draughts of warm water. After the stomach had been thoroughly emptied, I gave a teaspoonful of dialyzed iron, diluted with water, which was rejected in a few minutes. I then repeated it in thirty drop doses every twenty minutes for two hours, and afterwards at longer intervals. About two hours after my arrival, alarming symptoms of collapse showed themselves; the pulse became extinct at the wrist; the skin cold and clammy, etc.; but by giving brandy freely, with the application of hot bottles and friction, she began to revive, and went on gradually improving, until, in about ten days, she appeared to be restored to her accustomed good health. The only unpleasant symptoms she complained of during her convalescence were weakness, thirst, and a burning sensation in the stomach.

I attribute this woman's recovery entirely to the dialyzed iron. It appears almost incredible that recovery should have taken place, considering the amount of arsenious acid swallowed. There must have been fully half a teaspoonful of acid, which was lying in the stomach from half an hour to one hour before I saw her.—*Virginia Medical Monthly*.

THE EASIEST WAY TO DROWN.—If death by drowning be inevitable, as in a shipwreck, the easiest way to die would be to suck water into the lungs by a powerful inspiration, as soon as one went beneath the surface. A person who had the courage to do this would

probably become almost immediately unconscious, and never rise to the surface. As soon as the fluid filled his lungs, all feelings of chilliness and pain would cease, the indescribable semi-delirium that accompanies anæsthesia would come on, with ringing in the ears and delightful visions of color and light, while he would seem to himself to be gently sinking to rest on the softest of beds and with the most delightful of dreams.— *Dr. R. S. Tracy in Popular Monthly for May.*

THE tercentennial anniversary of Harvey's birth has revived the discussion as to the true nature of his connection with the discovery of the circulation of the blood. In the *Medical Press and Circular* for April 3d it will be seen that Huxley and the editors take different views. In the *Gentleman's Magazine* for April will be found a charming lecture, by Dr. B. W. Richardson, on Harvey during three stages of his life. Richardson fairly disposes of the various attempts to deprive Harvey of his claim to the name of "discoverer" of the circulation.

PERSONAL.

MRS. ALMENA J. BAKER, M.D., has removed from 149 East Springfield Street to 168 West Newton Street, near Columbus Ave., Boston.

H. ELMORE RUSSEGUE, M.D., Class of '78, Boston University School of Medicine, has located at 130 State St, in Portsmouth, N.H.

EDWARD B. HOOKER, M.D., has removed his office to 321 Main St., in Hartford, Conn. Residence 8 Forest St.

J. W. DOWLING, M.D., Dean of the New York Homœopathic Medical College, has removed his office and residence from 568 Fifth Ave., to 313 Madison Ave., in New York City.

WM. TOD HELMUTH, M.D., has removed to 299 Madison Ave., N.E. corner 41st Street, New York City.

J. McE. WETMORE, M.D., has removed to 41 East 29th Street, between Fourth and Madison Avenues, New York City.

J. H. BUFFUM, M.D., from Pittsburgh, Pa., has located at 201 East 23d Street, New York City, having been elected Resident Surgeon of the New York Ophthalmic Hospital.

ALFRED WANSTALL, M.D. (late Resident Surgeon of the New York Ophthalmic Hospital), has opened an office at 124 North Charles Street, Corner of Hamilton, Baltimore, Md., and will devote himself exclusively to the treatment of Diseases of the Eye and Ear.

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VOL. XIII.

ANTISEPTIC OVARIOTOMY.

OPERATION BY WM. TOD HELMUTH, M.D. — RAPID RECOVERY.

Reported by C. S. Hoag, M.D., House Surgeon, Homœopathic Hospital, Ward's Island, N. Y.

It affords me great satisfaction to be able to report this case, simply for the reason that I had the pleasure of assisting at the operation, and had the immediate charge of the patient afterwards, and witnessed the most beneficial results of antiseptic treatment.

A perusal of the case will show not only the tendency to danger which presented on the second day, but also the great danger from what are ordinarily considered most infectious diseases, especially in hospital wards, there being at the time several cases of erysipelas and one case of puerperal peritonitis on the same floor. Notwithstanding this, by carrying out to its fullest extent the antiseptic treatment, we are able to report an unusually rapid recovery from ovariectomy, the patient sitting up on the twelfth day.

Mrs. H —, aged 57, native of England, was admitted to the hospital March 25, 1878. Married at the age of nineteen; has had ten children, and three miscarriages. Was forty-seven years of age at the time of birth of last child. First delivery instrumental; labor lasted for three days and nights. Health always good. Menses regular until six years ago, when they suddenly ceased. No discomfort experienced from the cessation, but has been troubled with an eczema on her arms ever since.

Three years ago, when out on a picnic, was thrown down a hill, another woman falling upon her. At that time had some pain in the abdomen; supposed it to have been caused by the fall. Subsequent to this there was a perceptible increase in the size of the abdomen; "thought it was fat." This swelling increased in size until fifteen

months ago, when she felt a movement as if something was turning over. Concluded she was pregnant, and made clothing for expected child.

At this consulted a physician, who diagnosed ascites. He prescribed a cathartic. As far as the action in the bowels was concerned the cathartic was a success, but did not affect (what afterwards proved to be) the tumor in the least. Not having received the required relief, she called on another physician. The diagnosis this time was that of tumor, which the physician proposed to dissipate by rubbing. Accordingly she was rubbed daily for three months. Result, *nil*.

Still dissatisfied (which was pardonable), physician No. 3 was appealed to. The idea of a tumor in the case was derided by this gentleman, and ascites was proclaimed as the malady. She was immediately tapped, and three pails of fluid taken from her, affording much relief from the pain and discomfort caused by the weight and pressure of so large an accumulation, although the suffering during the operation was intense.

About eleven months ago there appeared a sanguineous discharge from the vagina, at first of a bright color, and after a time clots and shreds made their appearance, which were followed by a discharge darker in color and of an offensive odor.

Five months since came under the professional care of Dr. Helmuth, during which period she has been tapped five times, the last time about twenty days ago, when a considerable quantity of dark, clotted blood was passed from the rectum. The discharge from the vagina has been, since then, less offensive. Does not complain of any decided pain except when the tumor is distended with fluid, then, on account of the weight, the pains are drawing in character. The fluid accumulates in about three weeks, the tumor holding about three pailfuls. Dimensions: Circumference at umbilicus 46 1-2 in.; right half of circumference, 23 1-2 in. From the union of the gladiolus and xiphoid to the symphysis pubis, 22 1-2 in. From anterior superior spine of crest of the ilium (right) to umbilicus, 12 in.; left, 12 in.

March 27, 1878, 4.15, P.M. Before commencing the

operation the vicinity was thoroughly disinfected with steam spray (carbolic). The bed of patient, dressings, instruments, hands of operator and assistants, and, in fact, everything in any way connected with the operation, was disinfected with carbolic acid.

The patient, having been brought under the influence of ether, Dr. Helmuth—other surgeons of the hospital being present—began the operation by making an incision in the abdominal walls, beginning at the umbilicus and extending towards the pubis, about six inches in length. The peritoneum having been reached, this was divided upon a director, and the wall of the sack brought into view. The tumor being found to be slightly adherent to the liver, the attachments were broken up with a sound. At this time the patient vomited. The lips of the wound were held together until the vomiting ceased. This lasted only a few seconds. A trochar was then introduced, but only a small quantity of the gelatinous substance escaped. The trochar was withdrawn, the woman being turned upon her side, and Dr. Helmuth, introducing his fingers, enlarged the opening, and the wall of the main sac ruptured. There immediately ensued a profuse discharge of fluid. Dr. Helmuth, with his hand, introduced within the sac, ruptured five or six smaller cysts. The discharge of fluid finally ceasing, the sac was drawn through the opening made by the incision, the pedicle reached and ligated with carbolized animal ligature, the tumor separated by the ecraseur; all suspicious portions afterwards cut off, there being no hemorrhage from the pedicle, it was allowed to fall back into the abdomen. Whole time occupied in the operation forty minutes; tumor weighing forty pounds.

The wound having been thoroughly cleansed, the two surfaces were brought together with silver sutures extending through the peritoneum. At the lower end of the wound a glass drainage-tube was inserted, corked. Long strips of adhesive plaster were then applied to support the abdominal walls, and to aid in keeping the edges of the wound together. Over this was placed tenax, then a broad bandage was placed over all, and the patient placed in bed.

The following table gives an accurate description of the condition and treatment of the patient after the operation. I will state here that one of the most skilful nurses in the hospital was detailed to have the sole charge of the case during the day, with a relief at night, so that the patient was not left alone for a moment, and only those having charge of the case were permitted in her presence.

DATE.	Day after Operation.	Hour of Day.	Tempera- ture.	Pulse.	Remedies.	REMARKS.
1878. Mar. 27.		P.M. 5.15 6.00 6.15 6.30 7.00 9.00 10.00 12.00	98 ² 97 ² 97 ² 98 ² 100 101 ¹ 101 ² 101	94 100 100 92 90 90 88	McMunn's Elixir gtt. ^{xx} .	1878. Mar. 27. Carbolic (1-20) Steam spray ordered, 15 minutes in every hour. 6 P.M. Patient had a chill; put hot bottles to feet. 6.30 P.M., gave <i>McMunn's Elixir gtt. ^{xx}</i> ; skin moist and warm, patient quiet; a desire to pass water; catheterized (no urine). 10 P.M., urging to urinate. 12.00 M., gave <i>McMunn's Elixir gtt. ^{xx}</i> .
" 28.		A.M. 1.00 3.00 6.00 11.00 P.M. 3.00 5.00 7.00	101 100 ² 100 ² 101 ¹ 100 ¹ 100 ¹ 100 ¹	84 84 82 79 80 80 80	Aconites every 2 hrs.	Mar. 28. 1 A.M., gave prepared wheat gruel every 2 hours; slight sweat; some borborygmus. 6.00 A.M., catheterized; drew 8 oz. cloudy urine; gave intense pain. 7.00 A.M., gave boiled barley-water occasionally. 10.00 A.M., patient passed 10 oz. urine.
" 29.	1st day expires.	A.M. 12.15 2.00 4.00 5.00 6.00 7.30 8.30 9.40 P.M. 1.40 2.20 4.40 6.40 11.00	104 104 ¹ 105 104 ² 104 ¹ 103 ¹ 101 ¹ 102 ² 101 ² 102 ² 101 ² 102 ² 101 ² 102 ² 101 ¹	107 108 110 108 107 100 88 90 88 98 94 94 100	Aconites every 2 hrs.	Mar. 29. 12.15 A.M. Skin moist, great thirst. 2.00 A.M., sleeping quietly, after having passed 5 oz. high-colored urine; has complained of burning, bearing-down pains. 5 A.M., has had a good night's sleep; skin moist; still very thirsty. 3.00 P.M. Dr. Helmuth re-dressed patient. 4.40 P.M., patient has been sleeping quietly for 8 hours.
" 30.	2d day.	A.M. 12.45 2.20 4.30 5.30 7.00 9.00 10.40 12.00 P.M. 3.15	101 ¹ 101 101 ² 99 ² 99 ¹ 98 98 ² 98 98	100 96 96 92 100 90 100 98 98	Aconites every 2 hrs., continued.	Mar. 30. 12.45 A.M., gave <i>Valentine's Extract of Beef</i> . 2.20 A.M., patient passed 5 oz. of urine; burning pains; seems uneasy; says she has not felt right since taking the <i>Extract of Beef</i> . 4.30 A.M., complains of pains in stomach, accompanied with nausea. 5.30 A.M., vomited about 4 oz., curdy and sour, after which felt relieved and slept. 6.30 A.M., passed a small quan-

DATE.	Day after Operation.	Hour of Day.	Temperature.	Pulse.	Remedies.	REMARKS.
Mar. 30.	3d day.	P.M. 5.00 7.00 10.40	98 101 ² 101 ²	98 94 94	Aconite ³ every 2 hours, continued.	tity of urine; felt inclination to stool; passed only flatus. 6.15 A.M., vomited again; continued desire to stool. 7.15 A.M., sleeping; 8.00 A.M., vomited again. 10.15 A.M., patient feels easier; tongue slightly coated. 1 P.M., Dr. Helmuth removed all sutures but one; primary union; re-dressed with straps and carbolized oakum.
" 31.		A.M. 2.30 6.00 9.30	99 ² 99 ² 98 ²	92 90 90		Mar. 31. 2.30 A.M., sleeping quietly; passed urine with less pain; less thirst; 11.00 A.M., Dr. H. re-dressed patient, removing drainage-tube; put on carbolized sponge compress over orifice. 1.00 P.M., gave dry toast and weak tea, twice daily; also prepared barley gruel; has a ravenous appetite.
		P.M. 1.00 4.40	98 ² 98 ²	98 90		Apr. 1. 8.00 A.M., sleeping nicely — can lie on either side.
	4th day.	8.30 A.M. 12.15 3.00 5.00 8.30 11.15	99 ² 100 99 100 100 100	90 90 99 99 92 90 89		
April 1.		P.M. 2.00 7.30	100 ¹ 100 ²	92 90		
" 2.	5th day.	A.M. 3.00 6.50 10.00	100 ¹ 99 ² 100 ²	88 88 90	Carbo Veg. ³ every 2 hrs.	Apr. 2. 5.00 A.M., patient very comfortable, and sleeping quietly. 10.30 A.M. after taking tea and toast, is troubled for a time with borborygmus; Carbo. Veg. ³ every 2 hours. 3.00 P.M., Dr. H. removed last suture.
		P.M. 2.20 6.00	100 ³ 100	88 96		
" 3.	6th day.	11.00 A.M. 3.00 10.00 11.40	101 100 99 ² 99 ²	94 88 92 92		Apr. 3. 3.00 P.M., has slept well; urinated three times during last night, with very slight pain.
		P.M. 7.30	100 ²	92		
	7th day.	11.00 A.M. 3.00 6.30 9.40	100 ¹ 100 99 99 ²	94 100 94 100	Nux V. ³ China ³ alternate 2 hrs.	Apr. 4. 6.00 A.M., patient feels bright, and has no pain.
" 4.		P.M. 2.30 5.30	99 ² 100 ²	98 100		
	8th day.	11.00 A.M. 3.00 8.00 11.00	99 ² 99 ² 99 ² 100	82 80 92 88		Apr. 5. 6.00 A.M., much benefited by a good night's rest; appetite good.
" 5.		P.M. 4.00	100	92		
	9th day.	8.00 12.00	101 ¹ 100 ²	90 92		

DATE.	Day after Operation.	Hour of Day.	Tempera- ture.	Pulse.	Remedies.	REMARKS.
April 6.	10th day.	A.M.				Apr. 6. Gave sponge bath, rubbing limbs well.
		6.00	99 ²	86		
		11.00	100	90		
		P.M.				
		6.00	100 ¹	86		
" 7.	11th day.	9.00	100 ³	90		Apr. 7. 12.00 M., patient feels very comfortable, but feet and legs inclined to coldness; Dr. H. gave <i>Nux. Vom.</i> ³ and <i>China</i> ³ alternately, every 2 hours; sponge bath continued, with friction by coarse towels.
		12.00	99 ¹	86		
		A.M.				
		5.00	100	84		
		11.00	99 ³	92		
" 8.	12th day.	P.M.				Apr. 8. 7.00 A.M., re-dressed patient; took off sponge-compress; found offensive pus; on close examination discovered another suture, some sloughing — removed the suture; orifice left by removing drainage-tube nearly healed, granulating from bottom; packed the sinus with carbolized-lint, and immediately dressed with strong carbolic (1-20); kept carbolic spray going almost continuously, changing the dressing every 3 hours.
		5.00	100 ¹	90		
		12.00	100 ³	88		
		A.M.				
		5.00	99 ²	90		
" 9.	13th day.	10.00	100 ²	86		Apr. 9. 7.00 A.M., on changing the dressing, find no offensive odor; same dressing continued. 2.00 P.M., patient sat up until 6 P.M.; feels comfortable; she has had no passage from bowels (or inclination that way) since time of operation; Dr. H. ordered an <i>enema of Ol. Oliveri</i> loz., which caused an easy evacuation. 8.00 P.M., dressing changed; found scarcely any discharge from sinus, and not at all offensive; feels good.
		P.M.				
		3.00	98 ²	90		
		6.00	99 ²	92		
		10.00	99	82		
" 10.	14th day.	A.M.				Apr. 10. 6.00 A.M., has had a refreshing night's rest, and three stools during the night. 12.00 M., continues to have frequent passages from bowels, and a most constant tenesmus (is troubled with hemorrhoids); gave rice water and boiled milk; stools are formed, and small; limbs and feet cold and clammy; put hot bottles to feet, and gave sponge bath; she appears rather despondent; Dr H. prescribed <i>Ars</i> ³ and <i>Nux. Vom</i> ³ . 6.00 P.M., has had in all 12 stools.
		5.00	100	80		
		10.00	98 ²	88		
		P.M.				
		2.00	98 ¹	100		
" 11.	15th day.	5.00	98 ³	90		Apr. 11. 2.00 P.M., patient insisted upon sitting up; placed her in a chair for 2 hours; says she feels better for it. 9.00 P.M., has had 9 stools to-day.
		11.00	98 ²	86		
		A.M.				
		3.00	98 ²	82		
		5.00	100	90		
		7.00	99 ¹	92		
		12.00	98 ²	92		
		P.M.				
		3.00	100	90		
		6.00	100 ²	98		
		12.00	100 ¹	98		

DATE.	Day after Operation.	Hour of Day.	Temperature.	Pulse.	Remedies.	REMARKS.
Apr. 12.	16th day.	A.M.				Apr. 12. 6.00 A.M., patient feels very well, notwithstanding the diarrhoea (has had 5 stools during the night); stools are rather well-formed, yellow, not very offensive, but on account of hemorrhoid, gave her some pain; applied <i>Aesculus-Cerate</i> for hemorrhoids, externally, with relief. 3.00 P.M., stools not quite so frequent, but most constant tenesmus; Dr. Helmuth prescribed <i>Bell.³ Ars.³</i> , also starch and laudanum enema.
		6.00	99	92		
		8.00	99	88		
		11.00	99	90		
		P.M.				
		3.00	100	84		
	17th day.	7.00	100	90		Apr. 13. 6.00 P.M., slept well during the night; tenesmus relieved. Only two passages from bowels. 1.00 P.M., patient sat up in a chair all the forenoon, and walked a few steps. 6.00 P.M., some return of tenesmus; gave enema (starch and laudanum). Patient had two passages from bowels during the day.
		12.00	99 ²	84		
		A.M.				
		5.00	100	90		
		11.00	99 ²	90		
		P.M.				
	14.	3.00	100	88		Apr. 14. 6.00 A.M., had a pleasant night's rest; tenesmus relieved. No stool during the night. 6.00 P.M., patient walked out of doors (weather fine). She has had but one passage from bowels to-day.
		7.00	101	88		
	15.	A.M.				Apr. 15. 6.00 A.M., patient feels well. 12.30 P.M., discharged recovered.
		6.00				
		P.M.				
		12.30				

We publish the following note from Prof. Helmuth :

It gives me great satisfaction to see the above article in print, not so much as chronicling a rapid recovery from ovariectomy — which nowadays is by no means infrequent — as to show the profession the great care and minute management of such cases in the *Ward's Island Homœopathic Hospital*, and to demonstrate fully the great value of antiseptic treatment in hospital wards. I may state here that for fifteen minutes *in every hour she was in the hospital* (seventeen days), the atmosphere around her was charged with carbolic acid spray from a steam atomizer; that the cork was removed from the drainage tube under spray; that her clothes, and all the bed linen were daily changed and carbolized; that during and before the operation the spray was used repeatedly on all the assistants, dressings, etc.; that all the instruments were cleaned and carbolized; that the sponges were new, and soaked in 1-20 solution of the acid;

that the ligatures were of carbolized catgut, prepared after Lister's formula ; and that the sutures were silver, carbolized, and introduced with needles and threads soaked in carbolized oil.

The attentions of Dr. Hoag (also of Dr. Cornell, who had charge of the case for the first four days,) were accurate and untiring. During the period of the patient's stay in the hospital there was a case of puerperal peritonitis, which appeared on the second day after the operation ; and there were four cases of erysipelas on the same floor. It must also be remembered that the total number of inmates in the hospital at this time was about 670 souls. I mention these important facts to show how much can be done to prevent hospitalism by proper care, cleanliness, and antiseptic treatment.

WM. TOD HELMUTH.

No. 299 Madison Avenue,
NEW YORK.

THE CARE OF OUR EYES.

From advanced sheets of "How to take Care of Our Eyes."

BY HENRY C. ANGELL, M.D.

THE NATURE OF WEAK SIGHT.

WEAK sight is therefore nothing more nor less than a disorder of the accommodative apparatus ; or, we may say, a disorder of the two muscles of accommodation and convergence. In health, these two muscles work together in perfect harmony. If either one becomes affected, this harmony is disturbed, and weak or painful sight may follow ; but the immediate occasion, usually, of weak sight is an overworked, fatigued, sensitive condition of these muscles. It is plain, then, that as in distant vision this muscular apparatus is not used, and as in near work it must of necessity be brought into service, if sight is weak or painful, and we wish to improve and cure it, we must carefully regulate the way in which we use our eyes, with a view to relief of this overused and weakened adjusting power.

Persons having a tendency to weakness of sight, or

those experiencing unusual fatigue of the eyes in reading, or similar occupation requiring close vision, should carefully observe the following rules :

1. Cease to use the eyes for the time being, and look away from the work, when sight becomes in the least painful, blurred, or indistinct. After perfect rest for a moment, or longer, work may be resumed, to be discontinued as before when the eyes feel again fatigued.

2. See that the light is sufficient, and that it falls properly upon your work. Never sit facing it. It is best that the light should fall upon the work from above and behind. Failing this, it may fall from the side. Never use the eyes at twilight. Any artificial light for the evening is good if it is brilliant enough and steady. A flickering gas-light is injurious. The argand gas-burner with a chimney does not flicker, is brilliant, and may therefore be recommended. A study-lamp, or any lamp with a chimney, burning oil or kerosene, if it affords a sufficiently brilliant light, may also be agreeable for the eyes. When artificial light is at all painful, it is safer to read or write only during the day.

3. Never read in the horse or steam cars. It requires too great an exertion of the accommodative power to keep the eyes accurately focused and fixed on the letters. Business men are in the habit of reading the evening papers on their way out of the city, and the morning papers on their way in. This dangerous practice is rather a frequent cause of weakness of sight. There are those who can follow it with impunity year after year, but there are more who cannot.

4. Never read when lying down ; it is too fatiguing for the accomodative power. Many a tedious case of weak sight has been traced to the pernicious habit of reading in bed after retiring for the night.

5. Do not read much during convalescence from illness. Before the muscular system generally has quite recovered its healthy tone we ought not to expect the muscles of accommodation to bear the continuous use to which they are subjected in reading or writing. We cannot be sure that the delicate muscles of the eye are in a condi-

tion to be used until the muscles of the leg and the arm have regained their strength and firmness.

6. The general health should be maintained by a good diet, sufficient sleep, air, exercise, amusement, and a proper restriction of the hours of hard work. One ought not to expect strong eyes in a body weakened by bad habits or an injudicious amount of labor. Bright gas-light in crowded rooms, and the impurity of the air in such places, are especially to be avoided. Medical advice should be sought in regard to any nervous debility, disorder of the organs of digestion, or any functional disturbances of a general nature, whether they appear to have a direct connection with the weakness of sight or not.

Take plenty of sleep. Sleep is a sovereign balm for those who suffer from weak sight. Retire early, and avoid the painful evening lights. Ten hours' sleep for delicate eyes is better than eight.

If the weak sight does not improve satisfactorily under the observance of the rules given, it will be necessary to resort to the use of convex glasses. It is better in this case to consult a competent oculist. He will furnish you a recipe, which may be taken to a good optician, who will sell you the glasses prescribed. The eye-glasses are to be used exactly as directed by the oculist. For the benefit of such as are unable to get proper advice, it may be well to say that the convex glasses will probably require to be of about 48-inch focus, and that they are to be worn only in reading, sewing, and such occupations as require the accommodative apparatus of the eyes to be brought into use. The moment the eye tires, the glasses must be removed; to be replaced again, after a rest of the eyes, when work is resumed.

To accustom the eyes to the help of glasses may require some days or weeks, and considerable patience. After beginning with them, it is best not to omit their use in reading or sewing, even temporarily, but to work or read always by their help; limiting the amount of reading at first, and then increasing it day by day, or week by week, until the sight becomes strong.

NEAR-SIGHT IN CHILDREN.

The symptoms are similar to those mentioned on page 31 and the following pages. At school the children fail to see the figures on the blackboard across the room, and in study they hold the book nearer than others. Such eyes are not able to see the letters numbered 20 at twenty feet and 50 at fifty feet distance. They are not able to read the type below at a distance of twenty-four inches. One with correctly-formed eyes can do this without unusual effort.

EXTRACT FROM PROF. HUXLEY.

“The educational abomination of desolation of the present day is the stimulation of young people to work at high pressure by incessant competitive examinations. Some wise man (who probably was not an early riser) has said of early risers in general, that they are conceited all the forenoon and stupid all the afternoon. Now, whether this is true of early risers in the common acceptation of the word or not, I will not pretend to say; but it is too often true of the unhappy children who are forced to rise too early in their classes. They are conceited all the forenoon of life, and stupid all its afternoon. The vigor and freshness which should have been stored up for the purposes of the hard struggle for existence in practical life have been washed out of them by precocious mental debauchery, — by book-gluttony and lesson-bibbing. Their faculties are worn out by the strain put upon their callow brains, and they are demoralized by worthless childish triumphs before the real work of life begins. I have no compassion for sloth, but youth has more need for intellectual rest than age; and the cheerfulness, the tenacity of purpose, the power of work which make many a successful man what he is, must often be placed to the credit, not of his hours of industry, but to that of his hours of idleness, in boyhood. Even the hardest worker of us all, if he has to deal with anything above mere details, will do well, now and again, to let his brain lie fallow for a space. The next crop of thought will certainly be all the fuller in the ear, and the weeds fewer.”

But there are other symptoms of near-sight, of a general nature. One of the most common is a frontal headache, or headache over the eyes. This is a very usual symptom of near-sight in school-children, and it is fre-

quently accompanied by a sense of languor and fatigue, and of an indisposition for active bodily exertion. In fact, the progressive, acquired near-sight almost invariably comes in the weakly, ill-nourished, studious, precocious child. And this general weakness and ill health favors the rise and progress of the disease at the back of the eye, to be considered later.

It will be remembered that in this defect the eye-ball is too long; that the refractive or focusing power of the eye, therefore, brings the rays of light to a point before they reach the retina. A tendency to near-sight, or even a deficient light without the tendency, forces the child to hold the book rather near, and this requires the turning inward or convergence of the eyes so that both may be brought to bear upon the same point of vision. Now, a studious boy or girl of ten or fifteen years, besides the five or six hours' work in school, studies also more or less at home, while the leisure hours are spent over novels or books of travel. In short, the eyes are not only used nearly continuously in regarding near objects, but their use for distance is almost wholly neglected. It is not surprising that, under such training, an organ should lose some portion of its functional power. It is to be remembered that in youth the tissues of the eye are soft, yielding, and undeveloped; that it is a growing organ, easily moulded; that its future, like other parts of the body, is to be very much what it is made by training, use, or abuse. When we regard near objects, there is the action of the accommodative power, the convergence, the movement of the pupil and the adjacent tissues, and a forward movement of the whole eye-ball. All this is muscular exercise; and whether this exercise is kept up all through the day or not cannot be a matter of indifference to an immature and growing eye. It is supposed—and very reasonably, I think—that the muscular pressure upon the yielding eye-ball, and especially the pressure in turning the eyes inward, promotes indirectly a bulging of the eye at the back, and so contributes to the progress of near-sight.

But whatever difference of opinion may exist as to the

exact way in which near-sight is made to increase, there is no question as to the fact; and it is especially true that the acquired near-sight of youth is progressive, and sometimes rapidly so. School statistics, made ten years ago and verified again and again since, have shown that it progresses with the age of the pupil and the increased demand upon the eyes. That is, in the elementary schools there are fewer, and in the higher schools more, near-sighted; and the grade of the defect is also more severe as we reach the high school and college.

This affection is, as I have remarked, not merely an optical defect, but is almost invariably a disease as well. The elongation of the eye-ball in near-sight is at the back, and of course, as the outer or protective coat of the eye is stretched, the two inner tissues (the vascular and nervous coats) are unnaturally distended also. The inner tissues do not bear this distension well; they become thinned, congested, inflamed, degenerated, and finally are partially lost over a limited portion of the interior of the eye near the entrance of the optic nerve. When we look into such eyes with the ophthalmoscope, we see at this diseased part, not the retina and the middle or vascular coat as in the healthy eye, but the outer covering, the glistening white-of-the-eye shining through these attenuated tissues. In such cases, the white-of-the-eye is visible both inside and outside. The instrument that we use to look into an eye, called an ophthalmoscope, is merely a small mirror with which to throw light into the eye. It has a hole through its centre for the observer, so that he may look straight at the part of the interior of the eye that is lighted up. Simple as it is, and much as it had been needed, the ophthalmoscope was not invented until after the year 1850.

It seems almost needless to say that an affection at the back of the eye, capable of destroying its tissues, may, if neglected, lead to blindness. Every oculist is sought now and then for advice in regard to an eye blind from neglected myopia. Vision from this cause is, however, not often lost before adult age, — usually between the age of thirty and forty-five perhaps. Fortunately, the

destruction of the tissues, under abuse of the eyes in progressive myopia, does not advance with equal rapidity in both eyes ; so that if sight be lost in one, the sufferer is quite sure to adopt every means for its preservation in the other. It is clear, therefore, that a myopic eye is not, as is frequently supposed, a strong eye, but on the contrary, a weak one ; or at least liable to become, if abused, a weak one. It is true that inherited myopic eyes are sometimes strong, but the greater number are nevertheless weak and diseased. *Acquired* myopia almost invariably threatens the integrity of the eye and its functions. The pain in the head and eyes spoken of is not necessarily due to disease, but may come chiefly from a muscular fatigue owing to the strain upon the muscles of convergence and accommodation, or from a want of proper co-ordination between them.

There is no doubt that deficient and improperly admitted light in school-rooms is one cause of the rapid progress of this optical defect. To sit facing a light during study, for instance, is extremely injurious to the best eyes. On looking up, the eye becomes saturated with light, and then, on turning to the printed page, an extra accommodative effort must be made to overcome the dazzling and clear up the vision. The light should enter from above and at the side, so as to strike the page of the book, and not the eyes ; and it should be, if possible, a direct rather than a reflected light.

A deficient illumination is injurious because it requires the book to be brought near the eye, and this, as we have seen, tends to pressure on the eye-ball from the muscle of convergence and the other external muscles that control its movements ; and so tends to promote the posterior bulging that we have already noticed.

School furniture is also often ill adapted for the scholar, even if properly placed as regards light. The bench is too high for the desk, so that the pupil must bend over his work ; thus promoting congestion to the head, and contributing to the congested condition at the back of the eyes ; or the seat is too far away from the desk, and

the head is thereby brought too near the book, so that the growth of near-sight is directly encouraged.

All these school-room imperfections might, of course, be of comparatively inferior moment, if it were not for the fact that children are obliged to spend six hours a day in school for nearly the whole year round. If the high-pressure system of education shall be succeeded in course of time by a system more rational, moderate, and healthful, the interior arrangements of the school-houses will not be so serious a matter. Any middle-aged person can look back to the days when near-sight and weak sight among boys and girls were quite rare. It was not then the fashion to teach children everything, — including drawing, music, and all the languages except English. Nor was it then supposed that a sufficient amount of bodily exercise would neutralize the effect of an excessive amount of brain-work. Two and two then made four; and the brilliant notion that an exhaustion in one direction could be made good by an exhaustion in another direction was not then in vogue.

The first and best thing to do is to take them from school, stop their reading and all use of the eyes for near objects as far as practicable, and see that they use their eyes for distance. Encourage them to climb the hills and look miles and miles away. I remember a boy of twelve in whose case the above advice was fully carried out, and in less than one month his power of vision for distant objects had doubled. On leaving school, he saw across the room no smaller letters than those the size of the largest at page 28; but in less than one month he could see at the same distance the smaller ones numbered 20. The quick improvement in the sight for distant objects brought about by the method above described is surprising.

After a time — perhaps from three or six months to a year — the improvement in vision for distance will cease; and then, if the general health warrants it, proper glasses should be selected by an oculist, and the studies, under his direction, may be resumed. But always and continually in this affection care must be taken that

children do not become too studious and sedentary; that they be encouraged to play out of doors, and above all to use their eyes daily in regarding distant objects. When there is much disease at the back of the eye, it is advisable, of course, to keep them under proper medical supervision; and always, in the case of children, a near-sighted eye should be examined by a competent ophthalmoscopist to determine whether active disease be present or not.

CEREBRO-SPINAL MENINGITIS: CASE.

Reported to the Rhode Island Homœopathic Society.

BY EDWARD B. KNIGHT, M.D.

ON March 21st, 1877, I was called to see a girl 17 years of age, moderately well developed, with rather light complexion and brown hair. She was an inmate of the "Children's Home" in this city. Her surroundings were not of such a nature as to produce a robust state of health, nor had they been. During the ten previous days she seemed somewhat indisposed, but nothing noticeable occurred until the 20th, when she became quite stupid, and probably had a chill. During the subsequent night she was very uneasy and somewhat delirious. At 10 A.M. on the 21st, she manifested the following conditions: headache, stupid expression, slight soreness of throat, distinct flush over whole body, sordes on teeth and lips, brownish tongue, jerking of tendons of wrist, abdominal tenderness, pulse 60, respirations 22. *R. Bell.* and *Baptisia Tinctoria* hourly. At 4.30 P.M. the pulse was 72, respiration as before, but labored, temperature 100; very dull and stupid. At 11 P.M. she was more actively delirious.

March 22d, A.M. Pulse 60, respiration unchanged, sordes less marked, pupils large and sensitive to light, good quantity of strong, highly-colored urine passed. P.M. Temperature 99, breathing and circulation as before, subsultus less marked, persistent hyperæsthesia, seems a little brighter, and has taken some milk. Treatment

hitherto, constant. She slept two hours out of the last forty-eight, otherwise lying stupid, muttering and picking the bed-clothes. During the next two weeks there was no marked change in her condition. Dr. Isaac W. Sawin met me in consultation on the 24th, directed attention to the extension of the spleen to the seventh rib, and confirmed my opinion as to the nature of the disorder. At 4 P.M. April 6th, the pulse was 60, temperature 97.6, but at 6.30 violent clonic spasms of the muscles of the left side occurred, accompanied by intense pain in the small of the back; also a small stool. At 9 P.M. the head was retracted, pulse faint, sensitiveness of spine extreme, pupils insensible to light or touch, and tendency to turn on to her stomach evident. Under the influence of a half grain of *Morph. Sulph.* she passed a fair night, and the ensuing day found her comfortable, with a pulse of 60. 8th, pulse 72; 9th, again 60; 15th, pulse 64, some stupidity mornings, excitability toward evening, the appropriate eruption discovered on the back, spine still very sensitive; 19th, pulse 72 and irregular; gave *Nux Vomica*, under which the rythm of the heart improved, appetite and sleep seemed good, and sensitiveness of spine diminished for three days, but on the morning of the 23d found the pulse 100, though regular, and the patient apparently comfortable. At noon, after a natural stool, an ounce of dark blood passed from the bowel, the abdomen was *exceedingly* tender, the spine very sensitive, head aching, subsultus as at first, pulse still 100, great apparent pain with probability of increase. Administered a quarter grain *Morph. Sulph.*, notwithstanding which she passed a bad night, and the morning found her with a pulse of 68, irregular and rather weak, tongue brown, sordes on teeth, muttering and subsultus tendinum; in fine, as badly-conditioned as at any time. She remained thus a week, receiving *Potassii iodidum gr. ss.* four times a day.

On May day a stool was obtained by aid of an aqueous enema, whereby the suffering was increased and the pulse thrown up to 100, weak. 3d, constant motion of right foot and hand, with considerable retraction of head;

strong disagreeable odor from body; urgent calls for salt, which was freely allowed and eaten with great satisfaction. On the afternoon of the 5th, very profuse menses appeared; ensuing night passed very badly. 6th, clonic opisthotonos, dilated pupils, sordes, marked anæsthesia (pressure on neck unnoticed), pulse 100 and weak, bright red spots on hips and back; easily nauseated. 7th. After an easy night the pulse was 108, pupils large and insensible to light, continued anæsthesia, left side somewhat paralyzed, menses still profuse. 8th. Quiet night, though little sleep, complains of sore spots on right leg, also some headache, pulse 112; flowing very badly, restless from increasing pain such as preceded last spasms. 9th, A.M. Pulse 105 and weak, micturition *very* painful, frequent sternutamentum; at noon, suffering so intense as to demand *Morph. Sulph. grs.* three-eighths, which afforded relief. 10th. After a fair night pulse 108 and moderately firm, pupils slightly dilated, head scarcely retracted, neck comparatively straight, left leg feels queer and heavy. 11th. Pulse 100 and somewhat variable; odor from body still strong, eruption on face, left foot without sensation; continued flowing. Early the ensuing night there were four attacks resembling violent nightmare; the eyes were fixed, the respiration sobbing; after midnight slept well. Next day, pulse 80 and good, pupils about normal, flow nearly ceased, head quite movable, left leg slightly, with considerable pain in sciatic nerve: *Potassii iodidum* as usual. During the eight following days she continued to improve, sensation returning to left leg and foot, eruption fading, skin peeling, and body itching, slight hysterical manifestations, and on the 19th, a natural stool followed by a little blood. On the night of the 20th, there was a natural stool followed by depression. On the 21st, pulse 72 though regular, subsultus tendinum, pain in lower part of spine, intellect dull, face sunken, tongue clean, odor from body noticeable: *Gelseminum* [℥]. 22d. Pulse 60 and irregular, no desire for food: *Gels.* 23d. After a violent hysterical night, the pulse was 120 and very irregular, temperature 98.5, the pain in the lower part of

the spine severe, breath urinous: *Potassii Bromidum* and *Arsenicum*^{2x}. For the next week there was slow convalescence under the *Arsenicum* and *Potassii iodidum*.

On the first of June the bowels were relieved by an enema, after a rest of ten days, with no bad result. On the night of the second there was a natural stool, after which she slept well, but in the morning did not feel so well. At 6 P.M. her pulse was 90 and intermittent, breathing irregular, odor from body strong, eyes insensible to touch, soreness over heart and stomach. This condition remained over the fourth. 5th. Patient slept well last night, pulse 76 and of good quality, eyes tolerably natural, headache in left temple, sensation of soreness in spots externally, three or four sensitive spots in spine, also over heart and stomach; intellect dull. 6th. A.M. Pulse 95 and regular; night passed fairly. P.M. Pulse 68 and feeble, complains of great pain in præcordial region, and of a very sore spot in the spine near the articulation of the eighth rib; odor still very bad; stimulants ordered. Until the 12th the pulse ranged about 100, there being at times such severe pain in the spine as to demand anodynes; hysterical manifestations continued. On the tenth there was a natural stool with no bad result.

My record ceases at this point. Convalescence was slow. Until the present time (April 12, '78), not a day has passed in which she has not suffered more or less from backache, often accompanied by pain in the left temple. She still looks dull, is much depressed in spirits, and during the last two months the menses have appeared every fourteen days. I cannot see any certain effect from any remedy employed, save the anodynes. *Potassii Iodidum* and *Gelseminum* were exhibited most persistently; *Nux Vomica*, *Rhus Toxicodendron*, *Mercurius*, and *Arsenicum* were also employed.

A CASE FROM PRACTICE.

BY IRA B. CUSHING, M.D., BROOKLINE.

MR. E. H. C., aged twenty-nine, pension-agent, light complexion, consumptive habit, consulted me for chills and fever, from which he had been suffering for three years (since 1874), contracted whilst in a malarial district. Has been treated during this time by allopathic physicians; took large doses of quinine and whiskey, which would break up the chills for a short time, when they would reappear. This he followed up until three months since, when he became aware that he was having a continuous fever, with loss of appetite and a gradual failing of strength; by this time thought he had taken quinine enough. Consulted a Homœopathic physician, who gave him something that caused increased flow of saliva, which he thought was as strong and as bad as the quinine. Mr. C. has kept at work in his business up to this time.

Has a chill every day (quotidian type); chill begins at 11 A.M., lasts one-half hour; fever, one-half hour; sweat, one hour and a half; paroxysms, regular; continuous thirst; sallow complexion; much emaciated; lost twenty-five pounds since May 1. Tongue, yellowish white coat; pulse, 104; appetite poor; bowels constipated. Sleeps well until 4 A.M., awakens, and then cannot go to sleep again; sweat upper half of body, and is of a peculiar odor; has night-sweats; perspires very easily, after which feels chilly, with a constriction of chest and tight cough. Prescribed *Nux Vom.*^{2d cent.} five pills (No. 30) every three hours.

July 21, amelioration of all the symptoms; sleeps an hour and a half later in the morning; continued same medicine.

July 24, has fever and sweat, but no chill; sleeps well all night; desire still for cold drink; bowels still constipated; pulse 96; cannot write because of twitching of flexor muscles. *Nux*^{30th}.

July 26, still improving; had a very drowsy spell, fol-

lowed by a sweating stage. Appetite much improved. Prescribed *Nux*^{24m}. (Fincke). A powder night and morning.

July 29, is not as well; fever came on at noon; profuse sweat after; feels quite shaky; tightness across chest again, and cough. *Nux*^{2d cent.} as at first.

Aug. 1, symptoms all improved. Complains of a feeling after eating as if chill was coming on; drinking cold water or going into cold air causes chilly feeling. Perspires easily. *Hep. Sulph. Calc.*^{3d}.

Aug. 5, still improving. Had a slight fever 1 P.M., lasted two hours; no sweat; chilly feeling has passed off; complains of an aching in the right chest, just below nipple; sensation as though if she could cough she would be relieved. Continued same medicine.

Aug. 11, has gained two pounds; night-sweats gone; no chill or fever; feels perfectly well, but weak. Discharged cured.

Saw Mr. C. two weeks after, had gained in flesh, and felt well, except a slight cough on going into a warm room. Prescribed *Bry.*^{3d} which soon relieved. Mr. C. is perfectly well at this writing; March 5, 1878, had gained his former strength and health.

RADICAL CURE OF HERNIA. — Schwalbe reports four cases of inguinal hernia in which he effected a radical cure by the subcutaneous injection of alcohol in the vicinity of the abdominal rings. In each case he injected one or two Pravaz syringefuls of spirit containing 70 per cent. of alcohol. The patient was placed in the recumbent position, with the knees drawn up, and the hernia having been completely reduced, the needle was thrust in near the neck of the tumor, and the contents of the syringe were slowly injected. The truss previously worn was immediately replaced. Several such injections were made in the form of a half-circle above Poupart's ligament. Schwalbe found that in the course of four months the parts had become so dense as to prevent the descent of the bowel, even during the most violent coughing. — *Deutsche Med. Wochenschrift*, 1877, No. 45.

THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, JULY, 1878.

PHYSICAL SALVATION.

*Written for Delivery at the Commencement of Boston University,
June 5, 1878.*

BY HARRY H. CUSHING, M.D. ('78.)

DOCTORS are a necessary evil, called into being by the existence of another evil, that of disease; persons are to be found who do not consider them even a necessary one: that is a matter of opinion; the fact remains that the community contains a multitude of healers, good, bad, and indifferent; let society look well to its choice of evils, and the latter two classes will cease to exist.

It is not with the physician, but with his field of labor, and hence the patient, that we propose to deal. What is his field of labor? The abnormal phenomena, or morbid manifestations, which take place in the human body,—in short, sickness. What is sickness? It is a want of harmony in the functions of the body,—a discord, throwing the rhythm of living into a harsh jangle. What relation do physicians bear to sickness? They are the tuners who endeavor to restore the human instrument to harmony.

What the world would be, without suffering, it is difficult to imagine; it is a prevalent belief among many, that it is a part of the universal order of things, projected into what was at first intended to be divine harmony; they hold that it is a dispensation of Providence, not to be trifled with; it is quite astonishing in what an unconscious manner many people, both doctors and patients, support this theory by their ignorant efforts in keeping the old dragon alive; the doctors ought to know better; the patients might, by investing in a little common sense.

Suffering is not a law in itself; it is rather the result of broken laws, the product of undeveloped and imperfect understanding of the rules of physical being and of the material world around us; a more intimate knowledge of physiology, chemistry, climatology, and the like, would go far toward lessening the amount of suffering, the number of diseases, as well as the doctors,—“a consummation devoutly to be wished.”

It is true that knowledge is becoming more and more the property of the people; but in many instances it is a knowledge devoid of any benefit to human life, strictly speaking; the mind is developed largely in some directions, totally dormant in others; we gain a deeper insight into the workings of the universe, both telescopic and microscopic. But are the great masses of people gaining much insight into the laws governing that mysterious universe, the human body? It does not seem so; with the progress of civilization, the varieties of disease increase; the mortality, it may be, does not increase proportionally, for science is taking rapid strides in checking the death-rate; but disease prospers. Is this entirely beyond control? If not, to what power will it succumb? In a great degree, that power will be found in the ever-increasing knowledge of the scientific physician; he takes charge of the patient in sickness, and for a time not only battles the disease, but also orders the living of his patient, according to the best sanitary laws within his knowledge; the patient convalesces and passes out of the physician's control; intelligent rule ceases; living according to his own sweet will, he may, unwittingly, break every day a dozen physiological laws. In a short time, through carelessness, hardly excusable by ignorance, back he comes into the doctor's hands; in the interregnum there has been a howling Commune in his organism, of which he has not known how to get the upper hand. Now a slight knowledge of those laws used to govern him during his sickness, applied intelligently during health, would cause him to become a stranger to the doctor.

It seems positively ridiculous that, in this enlightened age of telephones, phonographs, and keramics, there should be on the part of otherwise intelligent people such ignorance in regard to the ordinary laws of living. People will talk with the utmost clearness concerning evolution, and, at the same time, eat hot cakes twice a day, and wonder what makes them so melancholy. It is true that people here and there are learning more of nature's laws, as applied to man; they are learning, to some extent, that health will not take care of itself; but it is all done in a hap-hazard, desultory sort of way; there is no systematic method whereby everybody can, in a measure, learn how to preserve the health and how to guard against such errors, as, sooner or later, lead to serious disease. Some such general knowledge as this, combined with the efforts of students of medicine to solve the more difficult problems of disease, will, in a great measure, bring about a physical salvation.

Not only ought every one to have some idea of the common func-

tions of the various organs, but he should also know what foods are best adapted to the nourishment and development of his frame and mental powers. How many families set a proper table? And yet there is no more important factor in the health and happiness of the community than the manner of cooking and eating food. Many a constitution is wrecked by improper diet; unsuitable food, which on the plea of its being *plain*, when it is in reality only *cheap*, finds its way into abused stomachs; things are eaten by one, because another eats them with no bad result, which are ruinous to the digestive powers. There is no truer maxim than the saying, "One man's meat is another man's poison." Professedly temperate people, who turn up their eyes in holy horror at the mention of wine or whiskey, are oftentimes the most inveterate of toppers as regards such intoxicants as tea, coffee, and tobacco.

One may be inclined to smile at the mention of that beverage which is said to cheer, but not inebriate, but there is many and many a woman (for it is more a woman's than a man's tippie) who displays the baneful effect of over-indulgence in chronic irritability, and what are popularly known as "nerves." And there is many a man who rushes down to his counting-room and his books, there to get himself into an inextricable muddle, all from the fact that half-a-dozen hastily-bolted hot biscuits and two cups of chain-lightning coffee are playing the mischief in his gastric department and congesting his brain.

In bringing up children, food is an important consideration. In many households it is the custom to give the children whatever their elders eat; this is a mistake which diminishing the quantity of food does not obviate, for rarely does a child require, nor can it assimilate, such food as maintains the adult body; again, older people have that power of moderation and restraint lacking in a child, and may partake safely of luxuries, which, if allowed a child, would certainly be indulged in with such a want of consideration as to carry it into the doctor's hands, if not beyond them. Many an over-indulgent parent ruins his children's digestions, and lays the foundation for future diseases, simply from ignorance as to their needs.

To many an epitaph, recording the fact that some flower of the family has gone to be an angel at a tender age, might be added, "And the doctor hereby finds that the aforesaid flower left this scene of strife by reason of repeated assaults of ice-cream, charlotte-russe, and lobster-salad, on sundry and various evenings."

Let us glance a few minutes at medicine, popularly considered, not

in its professional aspect. Almost every one knows, or fancies that he knows, something about medicine; has some pet cure for some one ill. Let a man announce that he has a cold in his head, and then let him take everything that his friends and his friends' friends advise, and soon there will be neither cold nor patient to prescribe for. It is astonishing with what presumptuous confidence remedies are prescribed by those who know nothing of the art or science of medicine, nothing of the nature of the drugs which they so confidently urge or have urged upon them. "Take it, and it will do you good," is the *sesame* which causes many a credulous mouth to fly open to admit some nauseous life-sapping compound, whose only recommendation consists in a legend that X advised Z to try it, and the latter chanced to get well after using so many quarts. Miraculous cure! Wonderful escape! It would be a laughable spectacle, were it not one fraught with consequences more or less terrible to the partaker and to his posterity, the way in which even the most thoughtful and best educated people seize upon and use, on the flimsiest indorsement, recommended remedies, having, in most instances, not the slightest idea of the drugs they are using, or of their effects upon the system.

This is certainly a weakness in human nature, better evidence of which is not needed than that the nearest road to wealth is by the patent medicine business, whose advertisements grace, or rather disgrace, the columns of even our standard publications. It is almost incredible that people who generally would not dream of admitting, as worthy of confidence, anything of which they possessed no authentic knowledge, will recklessly deal with substances producing the most baneful effects upon the system, and instead of bearing those ills they have, fly to others that they know not of. In many instances objections will be met by the incontestable answer, "It makes me feel better." Stand back, O drug-student! The better of to-day will eclipse all the ills of to-morrow which you can present. Again, one will be met by the statement that So-and-so recovered, even at death's door, by the use of such and such a compound; nine times out of ten, it was the ignorant application of medicine that dragged him there. A broker would not think of building a house; who but a blacksmith thinks of shoeing a horse? What man is there, except an engineer, who would dare to drive a locomotive, even if told how to start ahead and how to reverse the wheels? Does one attempt to mend his own watch? And yet these would be trifling acts of ignorant meddling compared with the unskilful put-

tering and botching which the human system receives at untaught hands.

What does one who never looked into a treatise on Anatomy, Physiology, Pathology, or *Materia Medica*, know of the application of medicine to disease? Again comes the retort, "It did So-and-so good, so I took it;" hanging is good for some people, therefore let mankind be hanged.

Drugs are not the simple things which people appear to deem them by the quantity consumed; no drug in itself produces other than a deteriorating effect upon the system, if given in health; nobody in sound condition was ever made better by swallowing drugs; in disease, then, when the system is unusually susceptible, how careful ought we to be in our application of the drug-agent; and yet the diseased organism is often deluged with doses, a small part of which would render a well person uncomfortable, if not seriously ill. A prevalent misconception is displayed in advertisements which endeavor to foist upon the public specifics as being purely *vegetable*. It is probable that this word conveys to many minds suggestions of cabbages, potatoes, and turnips; hence vegetable drugs must be harmless. Among vegetable drugs may be mentioned a few, such as *Aconite*, *Belladonna*, *Nux Vomica*, *Laurocerasus* (which contains Prussic acid), and *Opium*, a moderate dose of any of which goes far toward resolving man into his original elements. No drug is so simple as to excuse any ignoramus in experimenting with its powers. Drugs possess, in most instances, a wonderful affinity for the system, especially in a diseased state; a careful study reveals a power in them, far beyond what he who reads the testimonials on patent medicine bottles suspects. Careful study of drugs leads one to see that the closer relation they bear to the disease, the more is it necessary to limit the quantity given; how small a quantity, is a question of study and experience.

Gross materialism, as regards medicine, leads many to think that to give all the drug the system can stagger under, and not succumb, is the only true and scientific therapeutics; whereas a little investigation and an openness to conviction would lead all, both doctors and laity, to hail as the greatest boon to mankind, the fact that the least quantity of the drug which restores the diseased organism safely and speedily to health, is the only one to be employed. But no! Rather than expose yourself to the ridicule which always attends the pioneers of new ideas and discovered laws, keep on using drugs in quantities at which the system revolts, or by which the pa-

tient is dragged to a bed of sickness, or reduced to a state of chronic ill-health. It looks so much more scientific to mend a watch with a trip-hammer instead of a finer instrument!

On the day when people, investigating for themselves, and not being blindly led, learn that drugs are not things which can be taken with impunity, and that the drug-disease is often worse than the original disease, then will one more step be taken in the direction of physical salvation.

Common sense will enable patients to aid the doctors in expelling from the world many a disease now preying on its vitality; hereditary diseases the unfortunate owner is not responsible for, but by careful living and good judgment much can be done to prevent any but their lightest effects from descending to posterity. Those who already possess good health are intrusted with a possession which they ought to transmit undiminished in value, and no one has the right to abuse it for the sake of present gratification, nor will one do so who has the good of mankind at heart. The application of known principles and the discovery of new ones, as regards the subjects touched upon, as well as kindred ones fully as vital to well-being, will go far toward emancipating man from the weight of ills he now staggers under.

What more beautiful revelation of the Divine intention, than the perfect man, born in health, living a life of usefulness, uninterrupted by disease, and then gradually sinking away from the scene of his labors, at the close of a full term of years, his departure as natural as his entrance to life,—not a discord of disease from beginning to close? Then shall the world see its physical salvation.

MARRIAGE AND HOMŒOPATHY.

BY B. H. CRENEY, M. D., NEW HAVEN, CONN.

[From the New Haven Journal and Courier.]

I SEE by this morning's issue of your journal that a certain physician, belonging to what is usually called the old-school of practice, has been so far forgetful or unmindful of his dignity and character as to be guilty of the disgrace of consulting with his own wife in a medical case, the wife being a Homœopathic physician and graduate of a Homœopathic college. In view of the enormity of this offence, I was not surprised to find that he was promptly expelled from the County Medical Society to which he belonged. Had his offence been

a bank defalcation, or had he consulted with another man's wife upon topics not purely medical, there is reason to fear, as the times go, that his error might have been overlooked, or, at least, condoned. But when men are talking of the laxity of public and private morals, and when some of the sober-minded even fear for the stability of the country, it is reassuring to find a body of men of stern integrity and inflexible purpose who will give to such a crime, perhaps I should say outrage, as this, the swift condemnation and punishment it so richly deserves. Now an outlaw, the disgraced doctor may possibly pause to reflect. But this he should have done before. He has no excuse. He was not called suddenly and entrapped. Nor can he plead ignorance that his wife was a Homœopathist. For we shrink from the belief that there is a woman who would study Homœopathy, attend lectures, and graduate at one of its medical colleges, and enter upon its practice, keeping her doings all the while a dark secret from her husband, if she had one. It is a fair assumption that he knew she was a Homœopath, and, knowing that, he could not have been wholly ignorant of what a wicked thing Homœopathy is. So wicked that some of the more zealous have declared in their righteous wrath that "no one could practise it who was not a knave or a fool." Knowing this, therefore, although this wicked thing had invaded the professional sanctity of his home, he had no right to give it public countenance by consulting with his wife.

I have said this much at the outset, so as not by any possibility to be misunderstood when I express the hope that the vote of expulsion in this case will be rescinded. The Medical Society need make no sacrifice of principle. Let them condemn the act, but let them, in view of the consequences, stop short of so blighting a penalty as expulsion. Of course, as an individual, it is none of my business. But when attention is called to the grave consequences affecting the family, society, even the Government, which must result from the establishment of such a precedent, then it becomes the business of each and every American citizen. The danger lies, not, as might seem to the superficial judgment, in any peril to individual rights or liberty. It is far more subtle, and hence far more dangerous. It consists in the increased facility which the precedent gives to divorce, with all its attendant and consequent evils. For, on the one hand, a husband might justly base application for a bill upon the presumptive disobedience, and actual disgrace to his name and family by his wife's becoming a Homœopathic physician; on the other hand, the wife might urge that, however heinous her offence, it was not forbid-

den by law, and might herself bring action on the ground of refused marital aid and comfort in consultation. And, as marital aid and comfort is sacredly promised in the marriage contract, such action would, no doubt, lie. The endless complications that might arise will readily occur to the reader. Under such circumstances, a medical man, who could not sacrifice principle, would be forced to go into some other business, or face the risk of probable divorce. He would not be safe even in giving his wife a medical opinion upon one of her cases in the privacy of their chamber, for such opinion would be, to his conscience, a consultation, and a gross deception of his brethren and the public. This would necessitate separate rooms, which would inevitably lead to coolness between the warmest hearts.

On the other hand, to those unhappy, or fancying themselves so, in the marriage relation, the door is thus opened to easy separation, and our medical colleges of all schools will soon be overrun with students of both sexes, whose ulterior end and aim is not the relief of suffering humanity, but divorce. Hence will result an endless amount of misery, leading surely to the disruption of society, and, eventually, to the subversion of the Government itself, built, as it is, upon the family.

It is, therefore, sincerely to be hoped that this course of action may not become a precedent, and that the learned medical associations will bide their time until that millennium when a clause shall be inserted in the marriage contract to the effect that all obligation to render not only marital aid and comfort, but even the common courtesies of life and duties of humanity, shall cease on either party becoming a practitioner of Homœopathy; and when the State shall define by statute law the theory and dose of drug-giving, which, as everybody knows, is a matter of mathematical certainty, and not of judgment or opinion. In the meantime, however, the public, that terrible tribunal, will probably think as it pleases, and go on employing and commending doctors who consult with Homœopathists, whether their wives or not. Some may even dare to honor them therefor.

PATRIOT.

NEW HAVEN, May 23, 1878.

OUR attention has recently been called to an affair illustrative of the extent to which a man's prejudice may carry him in medical matters.

The case occurred in New London, Conn., and the facts are substantially as follows : —

A leading Homœopath of New London had a serious case of labor on his hands, attended with convulsions ; he had been with the woman all night, and in the early morning, deeming it necessary to have assistance, he despatched the husband for counsel. He went to a prominent Allopath of the place, who refused to go, because, to use his own words, he saw " that consultation would avail nothing, since oil and water will not coalesce, and that, having been all night in convulsions, her chance for life was small." A telegram was then sent to an old-school physician in Norwich, who came on the first train ; he, however, was met at the depot by the New London " regular," who deterred him from going. When the Homœopath learned the state of things, he resigned the case, knowing that two physicians were necessary, and being unable himself to obtain counsel. By desire of the family, however, he remained in the house.

The case terminated fatally, as it would very likely have done under any circumstances, but just what the result would have been, had the much-needed assistance been vouchsafed earlier, no man can say.

Be that as it may, there is no excuse for the action of the Allopath, who was guilty not only of an act of discourtesy toward a brother physician, but also showed a lack of the first principles of common humanity.

The matter caused some excitement in the neighborhood, and an article appeared in the *Norwich Bulletin* in reference to it ; this called out a response from the Allopathic physician interested. The Homœopathic physician sent an answer to the editor of the *Bulletin*, but it was refused a place in the columns of that paper. The whole thing has since been published in *Cooley's Weekly*.

We think that a man who would do such a contemptible thing should be expelled from all medical societies of which he may be a member, and drummed out of town by the people. Instead of that, however, if he had consulted with the Homœopath he would probably have been deprived of membership in the societies.

An example of this summary justice (?) is mentioned in our col-

umns this month, where an old-school physician in Connecticut, which, by the way, seems to be waking up in this direction, was expelled from a county society for consulting with *his own wife*, who is a Homœopathic practitioner. We are glad to be able to say, on good authority, that the Connecticut State Society does not support this action.

The more we hear of such bigotry and narrow-mindedness, the more we congratulate ourselves that we are not accountable to any body of men for our actions, but are left free to practise as we will, and to consult with whom we will.

If membership in a State Society, whether it be in Connecticut or in Massachusetts, depends upon a man's willingness to trample upon the common feelings of humanity, and to forget the simplest rules of etiquette and politeness, then, we say, we will have none of it, and we cannot help despising a liberally-educated physician who will be trammelled in such a way.

LACTOPEPTINE. — Our readers may remember that last winter we published the experience of several physicians quite favorable to the above-named preparation (Vol. XXXVI., p. 245). Since then we have employed it in several cases of obstinate dyspepsia, and have been gratified, even surprised, at the very excellent results obtained in the great majority of cases. We think it decidedly superior to any form of Pepsin, "pure and simple," we have yet exhibited. — *Medical and Surgical Reporter*, Philadelphia, Feb. 2, 1878.

SOCIETIES AND INSTITUTIONS.

THE fourteenth annual meeting of the Connecticut Homœopathic Medical Society was held at New Haven, Conn., on the 21st of May. There was a large attendance. The following list of officers was elected for the ensuing year: President, J. D. Johnson, M.D., Hartford; Vice-President, H. M. Bishop, M.D., Norwich; Secretary, W. D. Anderson, M.D., New Haven; Treasurer, E. P. Gregory, M.D., Milford; Librarian, G. H. Wilson, M.D., Meriden. Papers were read by Dr. Bishop, of Norwich, on Puerperal Convulsions; by Dr. Case, of Hartford, on Clinical Experience with High Potencies; by Dr. Peltier, of Hartford, on Prolapsus Uteri. Dr. Main, of Windsor

Locks, gave an account of a singular case of vesico-utero-vaginal fistula. Several new members were admitted. The meeting was very spirited and interesting. The semi-annual meeting takes place Nov. 5, at New Haven.

THE United Workers of Norwich have changed the name of their hospital—about which there was so much trouble among the doctors—to “The Sheltering Arms,” and made it “open to the inmates on the basis of equal rights to all.” — *Hartford Courant*.

This is the result of a refusal on the part of the Allopathic physicians to treat patients at the Home, where Homœopathic practitioners were allowed to attend patients of their School. — *GAZETTE*.

THE meeting of the Vermont State Homœopathic Medical Society took place at Montpelier, June 19 and 20. There was a good attendance, and much interest manifested. Interesting papers were presented by several members.

The following officers were elected for the ensuing year: —

President, H. W. Hamilton, M.D., of Brandon.

Vice-President, J. M. Van Dusen, M.D., of Waitsfield.

Secretary and Treasurer, A. A. Arthur, M.D., of Vergennes.

Censors, H. H. Brigham, of Montpelier; M. W. Hill, M.D., of Waterbury; Samuel Worcester, M.D., of Burlington. — *Gazette*.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner Third Avenue and Twenty-Third Street. — *Report for the month ending May 31, 1878:—*

Number of Prescriptions	.	.	.	.	3,854
“ “ new Patients	.	.	.	.	393
“ “ Patients resident in the Hospital					48
Average daily Attendance	.	.	.	.	148
Largest “ “	.	.	.	.	200

J. H. BUFFUM, M.D., *Resident Surgeon*.

Charles Deady, M.D., has been elected an assistant-surgeon to the Hospital.

CORRESPONDENCE.

WE have received the following correspondence which passed between Dr. McClelland and the Faculty of the Hahnemann Medical College of Philadelphia:—

PITTSBURGH, March 12, 1878.

To the Faculty of the Hahnemann Medical College of Philadelphia.

GENTLEMEN:—I hereby place in your hands my resignation as Professor of Surgery and Clinical Surgery in the Hahnemann Medical College of Philadelphia.

In so doing, permit me to say, that while my relations with my colleagues of the Faculty have been most fraternal and pleasant, and while my labors in the college were an unmixed pleasure, I have nevertheless felt it impossible to break up home ties and interests to remove to your city, which would be necessary did I retain my position in the college; I acknowledge having been received with great consideration by the profession of Philadelphia, and that a wide field was presented for professional pursuits. It is therefore with great regret that after two years of most agreeable association with you, I feel compelled to withdraw from the faculty of this time-honored institution, my own Alma Mater. With sentiments of high regard, I remain, gentlemen, sincerely yours,

J. H. McCLELLAND.

PHILADELPHIA, March 18, 1878.

J. H. McClelland, M.D.

MY DEAR DOCTOR:—Your resignation of the chair of the Principles of Surgery and Clinical Surgery in the Hahnemann Medical College of Philadelphia was laid before the Faculty at its meeting, Saturday evening, March 16, 1878.

On motion it was accepted, with instructions to the Registrar to inform you that we sincerely regret that circumstances prevent you from continuing your relations with us, and with the college. We cheerfully bear testimony to your acceptable labors in the position which you have held with us, and we feel that our institution and our School of Medicine would be greatly benefited by a continuance of your valuable services. •

While regretting the severance of college relations, we trust that

our professional and fraternal association will remain unimpaired through life.

With considerations of high esteem, I remain, dear sir, on behalf of the Faculty,

Very sincerely yours,

O. B. GAUSE, *Registrar.*

BOOKS AND PAMPHLETS.

THE HUMAN EYE. Its Optical Construction Popularly Explained. By R. E. DUDGEON, M.D. London: 1878.

THE LADY'S MANUAL OF HOMŒOPATHIC TREATMENT. By DR. RUDDOCK. Seventh edition.

PART I. OF THE DISEASES OF THE BRAIN AND NERVOUS SYSTEM. By J. MARTINE KERSHAW, M.D., St. Louis.

THIRD ANNUAL REPORT OF THE CHIEF OF STAFF OF THE HOMŒOPATHIC HOSPITAL, of New York city.

ITEMS AND EXTRACTS.

MAMMARY ABSCESS TREATED ANTISEPTICALLY. — Dr. James Carmichael, in a paper read before the Edinburgh Obstetrical Society, observed that the after-treatment of milk abscess, as hitherto practised, is in many cases unsatisfactory. The method adopted has been generally that used in abscesses in other parts of the body, — poultices, water-dressing, lotions, and ointments of various kinds. The inconvenience, nay the disadvantage of these applications, is perhaps more apparent here than elsewhere. The delicate skin of the breast and nipple does not bear well soaking, or the application of almost any of the ordinary dressings, and often shows its dislike, so to speak, to such applications by breaking out into eczematous, pustular, or other kinds of eruptions, which trouble and annoy the patient, perhaps long after the wound has healed. In some cases, wet dressings tend to encourage suppuration in the sac, and, by leading to a long continuance of discharge, prevent the speedy healing of the wound, and favor the production of sinuses.* Dr. Carmichael then proceeded to give a case in which, on the third day, the breasts

became gorged, and on the fifteenth day an abscess was clearly formed; on the seventeenth day it was laid freely open; twelve ounces of matter escaped; poultices were applied for twenty-four hours, and subsequently water-dressing. A considerable quantity of matter continued to be discharged for some time, and three weeks elapsed before the wound healed. Four days after the abscess in this the right breast was opened, the patient began to complain of the left breast, and, on examination, it was found to be tumid and swollen, but painless. Belladonna ointment was applied with gentle friction. Diluted tincture of iodine was likewise used, but without effect. At the end of ten days, the breast had become enlarged and prominent, and fluctuation was distinct over its entire extent, giving the impression that the whole mamma was converted into one large abscess. The patient was now very weak, and it became a matter of moment to save her, if possible, a repetition of the same debilitating process a second time; it was therefore determined to operate on this occasion antiseptically. Having placed a rag soaked with carbolic acid over the breast, he quickly raised its edge, and made an incision about an inch long; quickly replacing the rag with both hands he then gently squeezed out the entire contents of the abscess, about a breakfast-cupful of matter. A drainage-tube was now inserted into the cavity, and through this a weak carbolic solution was injected, so as to wash out completely the interior of the breast. The wound was dressed by applying first a piece of lint soaked in carbolic oil, and then several layers of dry lint of a larger size on the top, and over all a thick layer of chloralum wool. The following day the dressings were removed. They were thoroughly soaked with serous oozing, but no more pus had been discharged. The drainage-tube was removed, and the wound dressed as before. On the fifth day the dressings were again removed, and the wound was healed. The wound in the opposite breast was still open and discharging, and was not closed for fully a week after this breast had been firmly healed. The comparative result of treatment speaks for itself. (*Edinburgh Medical Journal*, October, 1877.) — *Practitioner*.

STRAPPING IN PLEURISY.—Strapping the affected side in acute pleurisy has, after a trial in Philadelphia, been long since adopted there as a regular practice. It seems unaccountable that it should not have been noticed in the text-books, since it is, as Dr. Gleason avers, a valuable means of treatment, affording marked relief to the patient and evidently conducing to early convalescence. It was first

employed, twelve years since, by Prof. Biddle, of Jefferson Medical College, in a case of empyema, giving great relief, and for nearly six years he has largely and advantageously used it in all stages of pleurisy. He has mentioned the practice with approval in the last three editions of his *Materia Medica*. In severe cases he carries the adhesive straps completely around the thorax, so as to control the movements of the walls of the chest, and compel the patient to carry on respiration by the diaphragm and abdominal muscles. The strapping is not meant to exclude any other means of treatment, but merely to serve as an adjunct. (*Boston Med. and Surg. Journal*, Feb. 28.)—*Michigan Medical News*.

DISEASES OF THE EAR FROM BATHING.—The ear is far oftener the seat of inflammation and resulting deafness from bathing than is generally supposed. Although its delicate parts occupy a deep situation in the skull, which is usually a protection from objects capable of injuring it, yet in any bathing which includes immersion of the head it is liable to be more or less damaged.

This damage consists in the admission of the water to the ear, either through the external auditory canal or the Eustachian tube. When water finds admittance to the former, if cold or salt, inflammation of the meatus alone may result; or if violently injected, as in surf-bathing, or long retained in the canal from diving, the disease may affect the drum-head and middle ear.

Whenever water is forced from the mouth and nostrils into the middle ear through the Eustachian tube, inflammation of the middle ear is almost sure to occur, even though the water be warm. This has been frequently illustrated in a most painful manner by those who have been induced to use the popular nasal douche, inflammation of an acute purulent character having frequently been thus established, which has been dangerous to the life of the patient, and after a tedious recovery left great deafness behind.

Frequent exposures, especially in salt-water bathing, may be the cause of slight earaches, which are usually neglected as unimportant, but which are frequently the precursors of much deafness.

The fact that several thousand severe cases of aural disease thus result annually in New York City alone should be a serious admonition to all who are concerned, and that three of the sixty-five cases here reported had dangerous cerebral complications, should be a further warning.

That bathing is pleasant and healthful is of course admitted, but

that it cannot be practised as at present without danger is undeniable. It has been shown by a glance at natural history that amphibia, whose life is passed indifferently in air or water, have naturally the means of protecting their auditory apparatus; but man is not so constructed, and therefore he cannot with safety practise diving or submerging the head. He should never dive if he wishes to preserve his hearing.

When in the surf he should take the water upon his chest or back, closing the mouth and nostrils, being careful not to present the ear to the incoming wave. It is equally dangerous while swimming to receive the dashing water into the mouth or nostrils. A firm pledget of cotton-wool in the ears is some protection. Drying the hair and body, and dressing quickly after the bath, are, of course, necessary precautions. (SAMUEL SEXTON, M.D., Surgeon-in-Chief to the New York Ear Dispensary; Aural Surgeon to the New York Eye and Ear Infirmary, etc., in *The Medical Record*, May 4, 1878.)—*Sanitarian*.

MODEL TREATMENT OF ABORTIONISTS IN GERMANY.—In April 1875, four Americans, claiming to be graduates of American colleges, applied to the medical authorities of Berlin for permission to open an establishment to be known as the "American Lying-in Asylum." Permission having been granted, they rented a small house, and before long had established a large *clientele*. The *elite* of the city became their patrons, and the success which attended them was remarkable. It happened that in the same city there was a high-toned female seminary, kept by one Mme. Durivage. A very handsome young baroness lately attended this seminary, and she found time from her studies to form a *liason* with a certain Lothario known as von Derffling. But very handsome young baronesses are human, and this particular one found that she was about to become a mother, without having first attended to the legal formalities. Mme. Durivage was consulted in the matter, and as Herr von Derffling had money, the baroness was sent, at his expense, to the "American Lying-in Asylum." Von Derffling had a friend who had patronized the "Asylum" to the extent of sending to it two young girls whom he had ruined, and who had had abortions procured there. The father of one of these girls had by some means become informed of his daughter's doings, and of her connection with the "Asylum." He promptly disowned her, and gave notice to the police, who at once instituted a search which resulted in the arrest of three of the Amer-

ican doctors, Mme. Durivage, Herr von Derffling, with his friend, and several attachés of the asylum.

The investigation of the authorities revealed a horrible state of affairs. The "Asylum" proved to be nothing more than a place where abortions were procured in the most brutal and wholesale manner. The patients belonged mostly to the higher classes, and a large number were school-girls, whom confiding parents had sent to aristocratic seminaries in Berlin. In the garden back of the house was found a furnace which, according to the confession of an assistant, was used for burning the foetuses, and hidden in a dunghill were found the charred remains of a number of them. A bugle was also found in the establishment, on which one of the "professors" is said to have performed in order to drown the shrieks of the miserable victims while they were being operated on by his accomplices, who never administered anæsthetics.

The result of the trial has been the conviction of those arrested, and their sentence as follows: One of the "professors" to death, and two to penal servitude for life; Mme. Durivage to solitary confinement for eight years; Herr von Durffling and his gay friend to the same punishment for five years each; an agent of the "asylum" to fifteen years, and two assistants to five years each. The fourth "professor" has managed thus far to elude arrest.—*Michigan Medical News.*

ARSENICAL VIOLET POWDER.—In our last number we quoted a communication made to the *Lancet* by a firm of analytical chemists showing that the ordinary nursery violet powder was in many instances largely adulterated with arsenic, and that several deaths had already been attributed to its use.

From the *Chemist and Druggist* for May 15, we learn that the specimen of violet powder analyzed by Messrs. Evans and Jones "was purchased from the maker, a small grocer and Italian warehouseman in the East of London, and not from a chemist and druggist."

Our contemporary makes the following commentary on the matter:—"The weight of the powder is sufficient to show a druggist that all is not right. It is sold in ounce packets at 6s. a gross. Dr. Jones is convinced by a variety of circumstances that the admixture was not accidental, but intentional. We need make no comments on the case. Druggists will at once understand its atrocity and almost idiotic stupidity. The suggestion that greed of gain was the motive;

that it was mixed with violet powder because it was cheaper than starch, does, however, merit a remark. Arsenic is fully four times as heavy as starch; that is to say, a measure that will hold an ounce of starch will hold *four* ounces of arsenic. As the public purchase violet powder by bulk, and not by weight, to make it profitable to substitute arsenic for starch in making it, the arsenic must be less than a quarter the price of the latter. Now the price of arsenic for a long while has been at least a quarter of that of the lower grades of starch, so that it is hardly reasonable to suppose that any one other than a peculiarly stupid person could have adopted the course suggested with an eye to gain.—*Monthly Hom. Review*.

THE TOXIC ACTION OF COPPER.—M. Galippe has undertaken some new researches to determine the validity of the statements made by Pelikan, Burg, and Ducour, that dogs may be fed for considerable periods on food contaminated by copper, without harm. He found that the sulphate, acetate, lactate, and citrate of copper, even when given in considerable doses, only caused vomiting, whilst small doses, gradually increased, were productive of no inconvenience. He next, with praiseworthy self-devotion, experimented on himself, and fed for a month at a time on food prepared in copper vessels and some articles after the addition of acetic acid. In the latter case they presented a green discoloration at the edges in contact with the vessel after the lapse of a few hours; the green tint being in part due to oil globules which had assumed that hue. The results of his experiments showed that food so contaminated with copper produced absolutely no toxic or disagreeable effects whatever. After having established this, he obtained the consent of another person to go through the same ordeal, and the result was the same. (*Comptes Rendus*, T. LXXXIV. p. 718.)—*Practitioner*.

NITRITE OF AMYL.—We take the following from an account of the work of Dr. Jvan Ermesagem on Nitrate of Amyl, in the above journal. "The author divides into four classes the diseases in which the nitrite of amyl may be used: 1. Syncope, coma, characterized by weakness of cardiac innervation, anæmia, and the venous congestion of the cerebro-spinal centres. 2. Diseases characterized by vascular spasm. 3. Spasmodic affections of voluntary and involuntary muscles, diseases characterized by extreme elevation of temperature. The nitrite of amyl is chiefly administered by inhalation. Three drops, on a handkerchief, will avert threatening syncope from chloroform. In sea-sickness it will succeed heroically, according to the

observation of Dr. Clapham (a hundred per cent.). In hemicrania, two drops will suffice to cure; but it is especially in angina pectoris and in asthma that the best results are obtained. But its employment is contraindicated in old people, or in those presenting any vascular or cardiac lesion. It is also contraindicated in puerperal plethora. Its use at all times demands much circumspection." (*Rivista Clinica di Bologna.*) — *Maryland Medical Journal.*

BICARBONATE-OF-SODA DRESSING FOR BURNS. — Dr. Ely McClelland, U. S. A., reports the following interesting cases in the *Louisville Medical News*. He says he has had considerable experience in the use of bicarbonate, and selects these as of the most interest: —

Case 1. — A half-breed Nez Perces child received a terrible scald of the first magnitude, involving the greater portion of the scalp, the right side of the face, the neck, shoulder, and arm of the same side. The wounded surface was covered with lint which had been soaked in a saturated solution of sodæ bicarbonatis, and was kept wet by constant applications of the same solution. The relief from pain was instantaneous. No slough occurred, and the child has recovered, saved from any cicatricial deformity.

Case 2. — Act. Ass't Surg. Pring, U. S. A., in medical charge of the troops at Mount Idaho, an outpost of this command, reports the following: The wife of an officer of the Second U. S. Infantry, who had accompanied her husband to the cantonments, from inability to obtain servants in that exposed locality, was herself engaged in preparing the early meal. Being inexperienced in such work, this lady poured water into a vessel containing boiling lard, and in the explosion which followed was severely scalded about the face and neck, involving the right eye. The bicarbonate-of-soda dressing was employed with the most decided benefit. The pain was instantly relieved, and no disfigurement resulted beyond the total loss of vision in the injured eye.

To secure successful results from this treatment it is necessary that the application be made of a saturated solution. A half-pound of the bicarbonate should be added to a quart of water, and should be subjected to violent agitation. A sheet of patent lint of old linen sufficiently large to envelop the wounded surface, should be thoroughly saturated with the solution, and the surface should be completely covered therewith; the dressing should never be permitted to become dry, but the solution should be freely and constantly used. No other dressing is necessary, but the lint first applied should not be disturbed for several days.—*Buffalo Medical and Surgical Journal.*

THERAPEUTIC VALUE OF EUCALYPTUS GLOBULUS.—Mr. Benjamin Bell states that his attention was drawn to this remedy by an interesting reference to it in Sir John Rose Cormack's *Clinical Studies*, in which he stated that he used with advantage an injection of an infusion of the leaves of the eucalyptus, or a mixture of from one to four drachms of a tincture in eight ounces of tepid water. Besides being refreshing and comforting to patients so affected, these applications have, in his experience, a remarkable power of destroying the fetid odor of morbid discharges without the substitution of another unpleasant smell. He extends the remark after much experience to the offensive discharges attendant upon cases of ozoena, cancer of the tongue and throat, cancer of the uterus, gangrene, and other affections accompanied by fœtors. He further mentions that in simple uterine catarrh he knows of no remedy equal in value to the eucalyptus globulus, the most satisfactory results proceeding from its simultaneous administration by the stomach and in the form of injection. These statements, with the circumstance that a preparation of the essential oil in capsules is a favorite prescription with many leading physicians in Paris, led Mr. Bell to make extensive trial of the remedy, using always the tincture in doses not exceeding a teaspoonful, mixed with a wine-glassful of water, twice a day. He has found remarkable benefit accrue in several cases of bronchitis with profuse expectoration. It then occurred to him that a plant which has obtained so great a reputation in Tasmania and elsewhere as a defence against malaria, and which evidently possesses valuable properties as a disinfectant, deodorant, and astringent, might prove useful in certain forms of disease in the stomach and bowels. The cases in which he has especially tried it are those in which there have been symptoms of malignant ulceration, such as vomiting, hemorrhage, etc., and the results have fully justified his expectations. It has further seemed to him of manifest use lately, in a case of diphtheria commencing in the gullet and ascending to the fauces, and he thinks it might be prescribed with advantage in cases of typhoid fever. (*Edinburgh Medical Journal*, February, 1878.) — *Practitioner*.

SYMPTOM OBSERVED IN PARALYSIS AGITANS NOT YET DESCRIBED BY AUTHORS.—M. Debove read a communication before the Medical Society of the Hospitals of Paris, which treated of a symptom noticed in a patient affected with the above-mentioned trouble, and which has, so far, not been mentioned by authors. The patient in question complained of not being able to read any longer as usual.

M. Dabove attributed this condition to trembling of the hand, and asked her to rest her book on something, but there was the same result. Then he made her read aloud before him, and here is what he noticed: The patient read rapidly, but when she came to the end of a line, she stopped several instants and then commenced the following line, and so on from one line to another. If a newspaper was given to her to read, she passed on to the line of the following column to return, when she had finished it, to the next line in the first column. M. Dabove asked himself if there might not be here some analogy to that which is observed in the walk of these patients, for instance, propulsion and repulsion, and that he would qualify here (these two terms being improper, applied to the eye, which does not have this motion) as lateral ocular spasm. (*La France Medicale*, Feb. 13, 1878.)—*Maryland Medical Journal*.

ALCOHOL DRESSINGS IN WOUNDS OF THE SCALP.—Prof. Gosselin, in a recent clinical lecture, called attention to a patient with an extensive contused superficial wound of the scalp, unaccompanied by detachment or denudation. He did so because it was an example of the rapid healing of such wounds which has been so frequently observed under dressing with pure alcohol, without the development of any diffused or erysipetalous inflammation. The rapid cicatrization that takes place is not the result of healing by the first intention, for the edges of the wound still remain a little apart, while the lips and bottom of the wound give issue to sanguinolent sero-purulent secretion in nowise resembling good pus. This secretion gradually ceases, and the wound becomes dry without ever having been covered with granulations. This instance is a good example of the cases which have for some time attracted Prof. Gosselin's attention, in which wounds are healed by this intermediate mechanism, which is neither immediate cicatrization nor cicatrization after granulation and suppuration. This mode of cicatrization in wounds of the head especially occurs when these are dressed with pure alcohol; other modes of dressing requiring the formation of granulations for healing. Whatever this dressing may be with regard to other parts of the body, in wounds of the head it seems to be that which gives the patient the most protection from consecutive accidents and leads to the quickest cicatrization. So treated, these wounds have less tendency to inflammation and suppuration, are cured quickly, and are less often attended with erysipelas and phlegmonous inflammation.—*Gaz. des Hôp*, August 2d.

THE TEMPERATURE IN CROUP. — It has been maintained, and that by the best authorities, that true croup can be differentiated from false or catarrhal croup simply by using the thermometer, in that “in most cases catarrh of the larynx runs its course without fever, whilst true croup is accompanied by high fever.” (Niemeyer.) Dr. M. Loeb (*Jahrbuch f. Kinderheilkunde*, XII., 1 and 2, 1877) states that in two cases he saw true croup run its course without any fever whatever, and relates the following case, which is of interest in more than one respect. The patient was a girl aged 2 1-4 years. When first examined there was present only mucous and sub-mucous râles over both sides of the chest, and slight redness of the fauces. The temperature in the rectum was normal. The cough was neither rough nor barking, therefore bronchial catarrh had to be diagnosticated. On the same day, in the evening, the whole condition had changed; great dyspnœa presented itself, the cough had changed, the epigastrium was drawn in with every inspiration. “Under such circumstances diagnosis could hardly be doubtful.” Emetics, inunctions of mercurial ointment, and cold applications to the neck were ordered. Notwithstanding copious emesis, the whole condition did not change for the better. Cyanosis became more marked, dyspnœa greater, and yet the temperature did not rise. Tracheotomy was indicated, which, after several hours had elapsed, was also performed. “Unfortunately the large middle lobe of the thyroid gland caused so much hemorrhage, that the child, already nearly dead, expired upon the table.” Post-mortem examination revealed croupous exudation upon the mucous membrane of the larynx, this extended down to the bifurcation of the trachea, the fauces were free from diphtheritic exudation. “It therefore must be claimed, both in regard to diagnosis and prognosis, that individual cases of croup may run their course without losing their malignant character, without any fever whatsoever.” On the other hand, cases of catarrhal croup have frequently been observed in which the fever was very high. In connection with emetics the author has a foot-note regarding the action of apomorphia, which has offered no advantages over the ordinary emetics in use; in fact, refusing to act in cases where sulphate of copper produces abundant emesis. (*The Clinic.*) — *Buffalo Medical and Surgical Journal.*

TREATMENT OF EPILEPSY. — Dr. Schultz records, in the *Berliner klinische Wochenschrift*, the case of a young man, eighteen years of age, the subject of epileptic attacks, which always came on at a certain hour in the day. It mattered not what he might at that time be

doing, the attack never failed. It was always preceded by an aura which lasted five or six minutes, and was followed by a sleep of several hours' duration. Quinine in large and small doses, bromide of *Potassium*, *Strychnine*, *Belladonna*, *Nitrate of Silver*, *Morphia*, *Chloral*, etc., were all administered without result; the attacks continued to recur at the fixed hour, and even occurred during sleep induced by chloral. Coming at this time under Schultz's care, he determined to test Nothnagel's treatment, and administered a teaspoonful of ordinary salt during the aura. This did not at first prevent the attack, but when on the following day a heaping tablespoonful of salt was given at the very beginning of the aura, no attack took place. For one week the dose was administered at the usual time, although no aura was perceived. At the date of Schultz's report (seven weeks afterward) no attacks had been observed, though previous to the treatment the patient had had them for one hundred and thirty-four days in succession. (*St. Petersburger Med. Wochenschrift*, No. 4, 1878.)—*Maryland Medical Journal*.

WHITE OF EGGS IN ABRASIONS OF THE FEET.—As is well known, the inunction of white of eggs has been recommended in burning of the feet after marching. This is based upon the custom of old French soldiers, of wrapping the feet in cloths well greased, and then breaking an egg in the shoe. The shoe is not taken off for three or four days, and then the foot appears sound and clean. The pure albumen, as well as the whole egg, are useful as preservatives, since they immediately relieve the severe burning, and when the skin has begun to peel off, the albumen forms a cover, which protects the feet from the air and other injurious agents. The albumen must, however, be well dried in and thickly spread, so that numerous applications are necessary. This remedy is, moreover, applicable in scaling off of the skin on all parts of the body, when the whites are used as the first application, after which a second is made of ricinous-collodion (collodion with 2 per cent. of *Ol. Ricini*).

There is, according to Dr. Michael, no better remedy for the so-called galling from riding and walking, than a layer of albumen mixed with salicylic acid protected by the very elastic coating of oil-collodion. The albumen must, however, be well laid on and dried, which, in a warm place, and with a heated skin, requires ten minutes' time, otherwise the application of the collodion will be painful, and the inflammation increased. In his experiments, the author has often used albumen preserved in a glass from one to five weeks, with a

salicylic acid conserve, which is made with an excess of the acid (2 per cent.), and thoroughly shaken. The material remains entirely odorless, and retains its glutinous condition, so that after evaporation a thin layer is formed. In this form it is possible to use the albumen in the field. Every trooper can carry a bottle of the "salicylic albumen," with a brush in the cork. The albumen may be applied at every rest. It is probable the remedy will prove valuable upon superficial wounds, ulcers, etc. From reasons before given, the colloidion must not be applied until the albumen cover is well laid on and dried. The albumen conserve is cloudy, on account of the organic elements, and the excess of salicylic acid. This cloudiness is, however, no disadvantage, and it is removed by filtration through glass-wool. (*Wiener Med. Presse — Clinic.*) — *Michigan Medical News.*

TYPHOID IN MILK.—Another epidemic in typhoid fever has been traced in a manner which does not admit much room for doubt, to contaminated milk, thus again proving how the most essential and wholesome article of diet may become the medium for the diffusion of deadly disease. According to a special report of the medical officer of health for the Moss Side Local Board, Manchester, no less than twenty-seven persons have recently been attacked with typhoid fever. There were besides five cases in the neighboring districts of Withington and Stretford. All these cases occurred in the first three months of the current year, while during the whole of 1877 but one death from typhoid was registered. Out of the thirty-two cases, twenty-nine of the patients received their milk from the same dairy. With two exceptions, the ash-pits and drains in connection with the infected houses were in good order, and among 214 neighboring households receiving milk from another dairy there was but one household affected, and this exceptional instance is explained by the fact that the inmates were in constant communication with one of the houses already infected. The milk dealer, who has been the unwilling cause of all this mischief, derived his supply partly from his own cows and partly from a farm some miles distant. Those of his customers who drank the milk from the latter source alone suffered from typhoid, and it appears that there were two deaths from typhoid at the farmhouse during the month of February last. We now come to the final connecting link, and it forcibly illustrates the urgent need of sanitary reform in rural districts. The water-supply of this farm was, as is so often the case, situated close to the ash-pits, and on analyzing the

water traces of sewage contamination were easily discerned. Under such circumstances it is not surprising that the epidemic soon spread. The water contaminated with the sewage created by typhoid patients had served to wash out the pans, and perhaps even to adulterate the milk sold by this farm, but directly this supply was discontinued the outbreak of typhoid was checked. The history of this epidemic naturally recalls the celebrated case of typhoid in Marylebone, which was also traced to a similar cause. With such instances before us it is impossible to refrain from protesting against the continued carelessness that endangers our milk supply. In how many thousand farms are the ash-pits allowed to contaminate the water-supply? How few persons realize the facility with which sewage matter will percolate through the soil till it has reached the nearest watercourse, where it is taken up and consumed by ready victims of contagion. (*Lancet.*) — *Monthly Hom. Review.*

A NEW, CHEAP, AND SELF-GENERATING DISINFECTANT.—Under this title, Dr. John Day, of Geelong, Australia, recommends for use in civil and military hospitals, and also for the purpose of destroying the poison-germs of small-pox, scarlet fever, and other infectious diseases, a disinfectant ingeniously composed of one part of rectified oil of turpentine, and seven parts of benzine, with the addition of five drops of oil of verbena to each ounce. Its purifying and disinfecting properties are due to the power which is possessed by each of its ingredients of absorbing atmospheric oxygen, and converting it into peroxide of hydrogen,—a highly active oxydizing agent, and very similar in its nature to ozone. Articles of clothing, furniture, wall-paper, carpeting, books, newspapers, letters, etc., may be perfectly saturated with it without receiving the slightest injury; and when it has been once freely applied to any rough or porous surface, its action will be persistent for an almost indefinite period. This may, at any time, be readily shown by pouring a few drops of a solution of iodide of potassium over the material which has been disinfected, when the peroxide of hydrogen which is being continually generated within it will quickly liberate the iodine from its combination with the potassium, and give rise to dark-brown stains. It may be applied with a brush or a sponge, or, if more convenient, as is the case with certain articles, such as books, newspapers, and letters, it may be simply poured over them until they are well soaked; they may then be allowed to dry, either in a warm room or in the open air. (*Brit. Med. Journal.*)—*Monthly Hom. Review.*

CAN SYPHILIS BE TRANSMITTED BY MEANS OF THE SPERMATIC FLUID?—A contribution to this much debated topic is to be found in the *Annales de Dermatologie et de Syphiligraphie*, tome 8, No. 6. It is in the form of an original article by Dr. H. Mireur, known as the author of an admirable thesis entitled "*Essai sur l'Heredite de la Syphilis*." In this article Mireur, after showing the inadequacy of several observations which have been brought forward to prove the inoculability of the spermatic fluid of a syphilitic person, adduces several cases coming under his own notice, in which inoculation was attempted without success. A patient in full evolution of secondary syphilis, having roseola papulosa, mucous patches, etc., provided fresh spermatic fluid, which was immediately inoculated upon four persons absolutely free from syphilitic antecedents. Upon two the spermatic was introduced into the arm by charged needles. Upon a third a blister was produced upon the leg the size of a ten-cent piece, and a bit of charpie soaked with the spermatic fluid was placed on the raw surface. On the arm of the fourth person an abrasion was made over the insertion of the deltoid, and several transverse incisions were made at this spot. The matter to be inoculated was placed upon this abraded surface as in the previous cases. With the exception of a slight local inflammation, no result whatever ensued; no symptoms of syphilis, of any kind, were noticed. Mireur points out the frequency of the contagion by the blood and the secretion of mucous patches, comparing the statistics of this variety of infection with those adduced in that under consideration, and analyzes the assertions of the writer who maintain the infectiousness of the spermatic fluid. These will not bear close examination at all, and we are inclined to think that Dr. Mireur has so far decidedly the advantage in the strength of the proofs he brings forward. (*Phil. Medical Times*, May 25, 1878.)—*Maryland Medical Journal*.

CICATRIZATION OF LARGE WOUNDS UNDER THE SO-CALLED BORDEAUX DRESSING.—Dr. Azam has collated the statistics of a large number of cases of extensive wounds, especially amputations, which were dressed in the manner peculiar to Bordeaux. In this dressing, the aim is to secure immediate union of the entire surface of the wound. Its three cardinal points are drainage, deep sutures, and superficial sutures. After the hemorrhage has been controlled as thoroughly as is possible, a thick drainage tube is laid in the deepest part of the wound—in amputations behind the bone—and fastened over the limb between the two angles of the wound. The flaps are next united

at their bases by deeply placed double sutures of very fine silver wire, and the ends of the sutures are twisted over a piece of a sound. These sutures are from two to three in number, according to the thickness of the flaps, and are situated from four to five centimetres from the edges of the lips. Finally the wound is carefully closed by hair-lip pins and twisted sutures, supported by strips of charpie dipped in collodion. The entire part is then enveloped in wadding, except at the places where the drainage tubes lie, which are covered with charpie to soak up the discharge. On the second or third day the hair-lip pins are removed, and the deep sutures loosened. The dressing is renewed every three or four days. Cicatrization is completed in from ten to twenty days.

Dr. Azam saw an amputation of the thigh heal up in ten days, and an amputation of the leg in eleven days. In 202 amputations, of which sixty-three were amputations of the leg or thigh, there were twelve deaths; out of thirty amputations of the thigh there were five deaths, and out of thirty-three amputations of the leg there were three. (*Allg. med. Cent. Zeit.*, Aug. 8.) — *N. Y. Med. Rec.*, Sept. 1877.

THE ACTION OF ALCOHOL IN FEVER.—Testi Alberico gives as the result of his clinical investigation upon the action of alcohol:—1. That alcohol does not produce any depression of temperature when given in febrile states of the system, though high temperatures do not *per se* constitute any contraindication to its use. 2. Alcohol, as long as it remains unaltered in the system, is a powerful dynamic of the vasomotor nervous system. 3. As a consequence of the changes which alcohol undergoes in the system it indirectly becomes a very valuable aliment, whilst it augments the metamorphosis of tissue. (*Il Raccoglitore*, No. 10-11, 1877.)—*Practitioner*.

SICK OR WELL, most people relish a cup of Cocoa, or Broma. Nervous people, invalids, and those of bilious temperament find these beverages far more healthful than either tea or coffee, while a leading physician of many years' practice in lung diseases writes: "As an article of diet Chocolate is particularly serviceable. Having examined several specimens of Chocolate, I find that *Baker's* may be conscientiously recommended to invalids." Walter Baker & Co.'s Cocoa preparations are strictly pure, have stood the test of a hundred years, have received the highest premiums wherever exhibited, and are sold everywhere.

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*A CASE OF CYST OF THE BROAD LIGAMENT, WITH
REMARKS ON THE DIAGNOSIS.*

REPORTED BY C. S. HOAG, M.D.

House Surgeon, Homœopathic Hospital, Ward's Island, New York.

THIS case is one of unusual interest, especially as regards diagnosis. There is probably no class of diseases in which there are so many mistakes of diagnosis as in *abdominal tumors*. Some of the most eminent surgeons have cut down upon what they supposed to be ovarian tumor, and have found, much to their dismay, a pregnant uterus, encysted dropsy of the peritoneum, or cyst of the broad ligament, and even ascites. The question of diagnosis is often a question of life or death; for whether the patient be subjected to a most severe, possibly fatal operation, or not, is determined by the diagnosis.

This case shows the necessity of using *all* known means and methods of diagnosis, as it presented all the manifestations of ovarian cyst, and had it not been for microscopic investigation, the patient might have been subjected to all the dangers of ovariectomy. The history of the case is as follows:—

Mrs. B——, age 42, nativity U.S., admitted to the hospital April 16, 1878. Married at 19 years of age, and the mother of one child, now 16 years old. Has had two miscarriages, one 17, the other 5 years ago. At that time she was extremely ill, yet kept about on her feet most of the time. Since then she has never been well. The symptoms first noticed were œdema of the feet and

legs. Her general health gradually gave way; she had complete anorexia, and became much emaciated. She remained very miserable, yet with little change until a year and a half ago, at which period she began to have sharp pains in the right side (near the groin), aggravated in the afternoon, and immediately before her menstrual periods. She suffered great pain at that time; still she was regular in her menses, and indeed has generally been so. She has suffered from a coffee-colored leucorrhœa for some time at intervals. About 14 months ago she noticed an abdominal enlargement, the tumor gradually approaching the centre of the abdomen. She, supposing herself pregnant, consulted a physician, who informed her she had an ovarian tumor, and suggested electrolysis. It, however, was not tried. She did not pursue any treatment for six months, during which time the tumor increased in size. She then took other professional advice, the diagnosis being the same (ovarian tumor). This physician also proposed ovariectomy; but she was feeling very comfortable at that time, and although the tumor was steadily increasing, she would not submit to the operation. Finally Prof. Helmuth was called to see her, and sent her to the hospital.

The following day he made a thorough examination of the case, concluding by introducing the hypodermic syringe, and withdrawing some of the fluid, stating, as he drew the same, that it was so limpid that it probably belonged to *a cyst of the broad ligament*. The next morning, having the Chief and Staff of the hospital, together with students, physicians, and nurses, the doctor stated in substance his ideas of the case as follows: That every symptom of the patient indicated a true ovarian cyst. The conical and somewhat uneven surface, the first appearance of the tumor on one side, the resonance at the flanks and at the epigastrium, the unchanged position of the tumor by the change of position from side to side, the expression of the countenance, the growth of the swelling, the fluctuation, the non-bulging of fluid between the recti muscles as she arose from the dorsal decubitus, the œdema of the legs, the enlargement of the

abdominal veins, — all indicated true ovarian cyst. "And yet," said the doctor, "I do not believe it to be one." He then proceeded to state that he had sent a portion of the fluid drawn from the tumor the day previous to Dr. St. Clair Smith, and a portion to Dr. Burdick. From Dr. Smith he had received the following:—

NEW YORK, April 19, 1878.

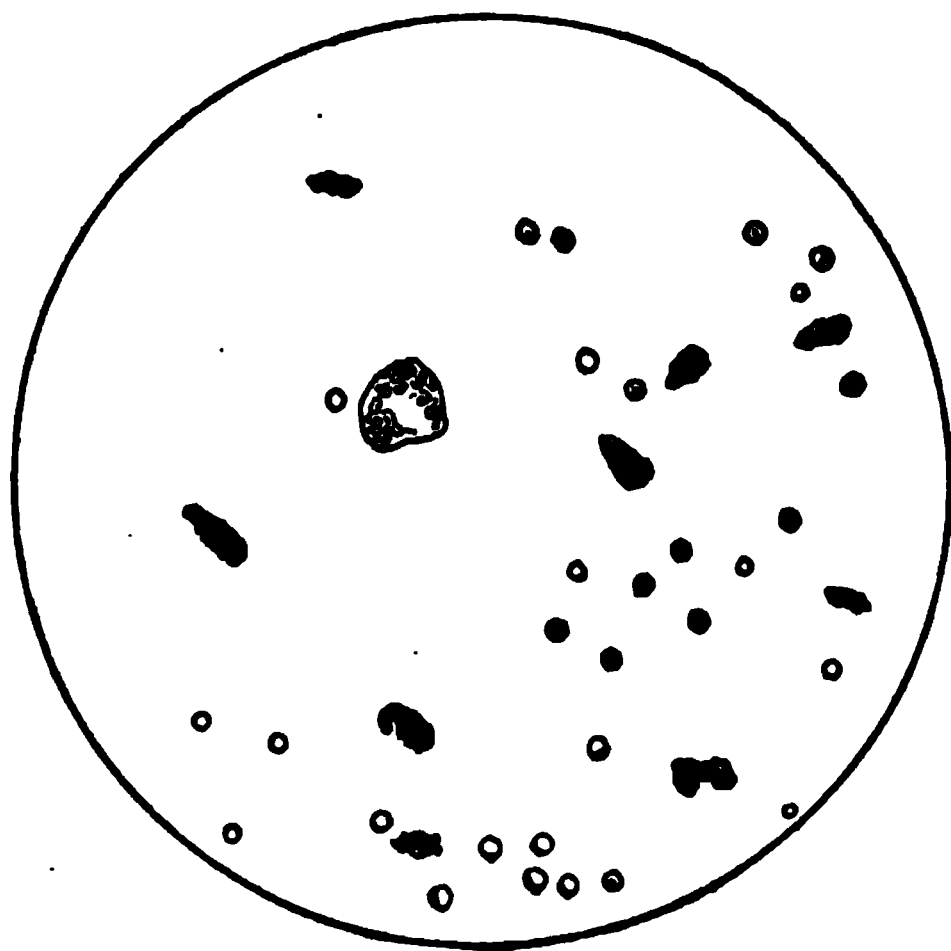
DEAR DR. HELMUTH, — The fluid you sent me last evening, with the exception of a few lymphoid cells, presents an absolutely clear field.

These cells possess unusually active amoeboid movements, after the fluid has been standing already nearly twenty-four hours.

Yours very truly,

ST. CLAIR SMITH.

And from Dr. Burdick also the accompanying note and sketch.



DEAR HELMUTH, — The above is the result of examination of specimen you handed me this morning, and I think your diagnosis correct.

BURDICK.

This was sufficient to prove beyond doubt the diagnosis, which was, *a cyst of the broad ligament*. To operate in such a case as the present, when the woman was in fair health, and when it is well known that such tumors are frequently cured by tapping alone, would be most

improper. Therefore aspiration was to be preferred. He wished also the gentlemen present to bear in mind this *one fact*: namely, that the *only* diagnostic mark between cysts of the broad ligament and ovarian cyst was in the peculiarly clear and limpid character of the fluid. He then read a personal letter from Dr. Atlee to himself regarding a similar case which had come under his observation, and which has now been cured for five years. The doctor also read several cases from Dr. Atlee's book showing the pathognomonic character of the fluid in ovarian cyst and cysts of the broad ligament. After giving a most excellent lecture upon the character and diagnosis of abdominal tumors, he said: "Now, gentlemen, I propose to aspirate this woman to-day." The aspirator was introduced in the median line, about an inch and a half below the umbilicus, and succeeded in withdrawing 270 drachms of a clear fluid, which completely reduced the tumor.

As soon as the abdominal walls became a little relaxed from the removal of a portion of the fluid, a solid tumor, irregular in outline, was felt about on a level with the umbilicus on the left side. It was suggested that it might be an ovarian tumor, complicating the case. But as the fluid gradually escaped from the abdomen, the tumor was felt lower down, and, approaching the centre of the abdomen, settled itself in that position, was found to be an enlarged uterus, which had been displaced by the growth of the tumor.

The fluid having been withdrawn, and the tumor completely reduced, a tight bandage was applied around the abdomen, and she was placed in bed. That night she did not suffer any inconvenience, except a little pain in the head, and considerable thirst. She remained pretty quiet for forty-eight hours, during which time she was very comfortable; had only occasionally a little pain in the abdomen when moving suddenly. The temperature and pulse remained about normal, appetite good, and the uterus regaining its natural position and size.

At the end of the second day she got up and sat in a chair, and was feeling very smart. On the third day she

walked about her room, and said she felt as well as ever. Had no pain in the abdomen; temperature and pulse normal. On the fourth day she was discharged. Saw her four weeks later, and she was strong and healthy.

THE BEST REMEDIES FOR HEPATIC COLIC.

BY E. M. HALE, M.D.

Written for the Indiana Institute of Homœopathy.

By Hepatic Colic I mean a paroxysmal pain referred to the region of the gall-bladder, and right hypochondriac region. It may extend to the epigastrium, and even up under the sternum, and downward into the abdomen. Gall-stones are variously constituted. They may be veritable "stones," *i. e.*, made up of solid crystallizable substances, namely, — cholesterine, cholepyrrin, and calcareous salts, or softer material, composed of bile-pigment, biliary acids, etc. These concretions may form originally in any part of the liver — the radicles of the hepatic duct — the hepatic duct and the gall-bladder. They cause pain by their *pressure*, and by their attempts to pass out of the liver through the ducts, and specially through the *ductus, communis choledochus*.

The *treatment* consists of *preventive* and *palliative* measures.

The preventive or radical treatment consists of the administration of those remedies which have a known influence in causing a normal secretion and excretion of normal bile, — normal in fluidity and chemical constituents.

The remedies which I consider most useful for this purpose are *Chelidonium*, *Podophyllum*, *Euonymin*, *Mercurius*, *Iris ver.*, and *Nitro-muriatic acid*. Next in importance are *Leptandrin*, *Nux vomica*, *Sanguinaria*, *Lycopodium*, *China*, and *Chionanthus*.

Of all these remedies I consider *Chelid.* the most useful.

It is my first prescription in all cases, and is effectual in four-fifths of all cases. I usually give two or five drops of the tincture, or 1^x dil., three or four times daily. *Podoph.* is sometimes indispensable, although our provings do not give us as clear a picture of hepatic colic, or the various hepatic symptoms indicating an unhealthy formation of bile. But we know from clinical experience how valuable it is in correcting disordered states of the liver. Given in doses of 1-20th of a grain to the 3^x of the *Podohpyllin*, it increases the flow of bile, and stimulates the secretory function of the hepatic cells. In the May number of the "Cincinnati Medical Advance," Dr. Dayfort, of Mt. Morris, N.Y., reports the cure of a typical case of hepatic colic, from passage of gall-stones. The cure was promptly made by 3 gr. doses of the 2^x trit.

Euonymin (the active principle of Wahoo) has long been known in America as an agent that increased the secretion of the bile. Profs. Rutherford and Viquel found in their experiments that *Euonymin* was one of the most certain of all the "cholagogue" medicines. The curative principle of *Euonymin* in biliary concretions lies in the 1^x to the 3^x decimal trit., a few grains several times a day.

Mercurius has an action on the liver so well known, that I need not describe it. But notwithstanding its decided action as an increaser of bile (in small doses), and its power to *arrest* that secretion (in large doses), it has not been used very successfully in the treatment of gall-stones. I only use it in cases *after* the concretions have passed, and the system is left in that feverish and torpid condition which so closely resembles the effects of mercury.

Iris ver. has not been used much in biliary calculi, but I have met with some cases of gastralgia, simulating hepatic colic, in which this remedy proved very effective. If, however, the hepatic disturbance causes severe headache, like sick headache, it is doubtless one of our best remedies.

Nitro-Muriatic Acid I consider comes next to *Chelid.* as a remedy for the radical cure of this affection. If the

liver is enlarged, sensitive, and painful, and the attacks come on very *irregularly*, I always expect good results from it. I give 5 drops of the *dilute* acid, in a little sweetened water, three times a day, and apply it over the region of the liver, of the strength of one drachm to eight ounces of water, keeping the compress wet with it on the liver for many days.

Regarding the remedies of lesser value, they may be useful in special cases. Dr. Morgan says, in his late work on the *Homœopathic Treatment of Diseases of the Liver*, "that he has used *Lycopodium* very successfully in the attacks of hepatic colic, as well as a curative remedy." He believes it capable of relieving the spasmodic painful action of the gall-ducts. He claims the same for *Nux Vomica*. Both these remedies cause many various forms of spasmodic gastralgia, as well as spasms of other hollow organs. They may be used with great advantage in cases when they are closely indicated. *Nux*, moreover, has a deep-seated action in all organs through their nervous supply, increasing the tonicity of such nerves, and thus stimulating such secretory organs as the liver, by acting on the ultimate cell-life.

China has never proved successful in my hands, although I have several times used it in the dose, and according to the indications given by Dr. Thayer, of Boston.

Sanguinaria has helped me out in several obstinate cases, when the *cough* and *headache* of that remedy was present.

Chionanthus, in doses of 5 to 10 drops of the tincture every 4 hours, is probably the most thorough remedy in the jaundice attending gall-stones. It acts with surprising promptness, not only in this form of jaundice, but in catarrhal obstruction of the common gall-duct. I am surprised that after the favorable notice I gave it in the second volume of my "New Remedies," no clinical cases have been reported relating to its use. It has no pathogenesis, but the clinical testimony from eclectic sources is abundant and trustworthy, and we should not wait for "provings," when we know that provings always verify

the clinical successes of a remedy. *Chionanthus* cannot cure jaundice without being capable of causing that condition. I believe this medicine has only to be used to be appreciated. The best palliative treatment I have found during the agonizing paroxysms, is (1.) The hot-bath, continued until the patient is almost ready to faint; this relaxes the ducts and allows the stones to pass down. (2.) If this is not feasible, apply compresses of hot water, upon which is poured half a drachm of *Chloroform* on the hepatic region. (3.) Internally *Aconite* in drop-doses of the tincture, repeated every half hour; *Gelseminum*, or *Belladonna*, will often shorten the paroxysm. I have been compelled, in some cases, from the dictates of humanity, to give 15 or 20 grains of *Chloral*, or have the patient inhale 5 or 6 drops of *Amyl. Nitrite*, or even inhale *Ether*, until the agony is over.

Opium in any form should never be prescribed, for it locks up the biliary secretions, and while it may benumb pain, does not relax the hepatic ducts.

During the passage of gall-stones, which may take days or weeks, the stools are clay-colored, and the urine dark-brownish orange (loaded with bile), and sometimes the action of the heart becomes very slow and irregular. If these heart-symptoms are present, I find *Digitalis*^{1x} or *Digitaline*^{3x} to be the effectual remedy for the whole trouble.

In a few cases I used successfully a weak infusion of the bark of the *Prunus virginiana* (or common wild black cherry). It is an analogue of *Digitalis*. After the stones have passed into the intestines, great soreness is left in the region of the liver. As this pain is traumatic, *Arnica* promptly removes it.

When we are satisfied the obstruction has been removed, and the bowels are confined, *i.e.*, if Nature should not expel the contents of the intestines by her own physic, *bile*, we should not hesitate to give a dose of *Castor oil*, or bitter-water, or any mild laxative. We may also gain the confidence of our patients by predicting the appearance of stones, or concretions in the stools, and having them watch the evacuations carefully.

The use of *Olive oil*, in doses varying from a pint to an ounce, taken at night, has been found singularly useful in some cases. I could report half-a-dozen cases, when large numbers of gall-stones were expelled by the nightly use of tablespoonful doses, and as many when the heroic quantity of a teacupful at night was followed by the discharge of several gall-stones the next morning. There are several theories to account for this action of *Olive oil*, but the most reasonable is, that taken into the stomach, it passes up the common gall-duct by force of capillary attraction, and, passing between the stones and the surface of the duct, lubricates the duct, and thus allows the obstruction to slide down and out. The oil, to be effectual, should be the pure *Sicilian oil*, or at least an imported oil; for much of the *Olive oil* in this country is made from peanuts.

CASE OF HICCOUGH ALMOST CONSTANT FOR A YEAR.

BY WM. MCDONALD, M.D., OF NEW YORK.

Read before the Massachusetts Surgical and Gynæcological Society.

MARY LAMBERT, spinster, twenty-eight years, dark eyes and hair, nutrition good, manner *sprightly*, intelligence fair. Always suffered from dysmenorrhœa from beginning; severe pain preceding, and relieved by flow. Has been catheterized on several occasions; retention of urine, — eleven years since the first, three years ago the last time. Suffered from an attack of pelvic pain and tenderness some three years ago, of several days' duration. Has had also several seizures, stated to be gravel, at long intervals.

When she presented herself at the Clinic, in June last, she said she suffered from headache pretty much all the time, located in the sinciput, and aggravated by bending over; this action causing a sensation as if the top of the head would come off. Vertigo habitually in the morning,

and while in the house. Globus hystericus a common symptom.

For twelve months had hiccough; very rarely it was absent for a week or so. The hiccough appeared to replace an epistaxis habitual before. This hiccough relieved promptly and invariably by lying down—preferred to lie on right side—also relieved for the moment often by earnest conversation. The hiccough never has interfered with her voice in speaking; occasionally, when lying down, the hiccough has been replaced for a few minutes by gaping.

As a rule the hiccough was aggravated when she was conscious of being observed. She seemed to swallow air when hiccoughing. Suffered from flatulence. Eructated much odorless, tasteless gas. Complained of pyrosis and a gnawing sensation in the stomach, and of a dragging sensation in the left hypochondrium.

As a general statement the foregoing symptoms were relieved by recumbency, by being out of doors, and by conversation, and aggravated when in doors, and in the evening.

Suffered from constipation—stool every two or three days—had frequent ineffectual desire, with much straining when at stool. Urine not examined, but it was stated to be thick, brown, and offensive. Menstruation regular in time, profuse, dark, thick, and preceded by severe cramp—like pelvic and hypogastric pain—relieved by the free flow. Leucorrhoea thick, adhesive, white, copious, and constant. By inspection she was found to be suffering from granular vulvitis, the inflamed membrane covered with white, curdy material. The vulva and vagina so sensitive that on this account, and owing to spasm of the sphincter vaginae (*levator ani*), it was held inadvisable to use the speculum. Digital examination showed the cervix at its normal level, but closely drawn to the left side of the pelvis by a contraction of the parametran tissue. The tension exercised was enough to bring about right lateral flexion of both cervix and body. These conditions and relations were subsequently verified by the use of speculum and probe. The application of

borax in substance, and saturated solution with frequent warm vaginal injections, soon cured the vulvitis and vaginitis, and with this the disappearance of the leucorrhœa coincided.

The following-named drugs were given in the order named without effect: *Carbo veg.*^{3x. and 30x.}, *Pulsat.*^{3x.}, *Tart. emet.*^{3x.}, *Nux vom.*^{3x.}, *Camphor*, *Ignatia*^{30x.}. Finally *Lycop.*^{30x.} was tried, suggested by Dr. Nott, and a gain was soon manifest. Since that time, some three weeks, she has remained almost entirely free from the hiccough, and, in addition, all the other symptoms specified have disappeared, excepting the constipation and the urinary condition, which remain unchanged.

I regret that I must plead want of time as an apology for not considering, as I had intended, the etiology of hiccough at length.

Hiccough is probably always the result of a reflected irritation. The source of the irritation in this case, I consider to be in the contraction that exists between the cervix and the pelvic wall. The rationale of the production of the symptoms I hold to be similar to that which exists in the gastric disorders of pregnancy, and in flexions of the uterus. The relief obtained by the recumbent position is to be explained by the taking off of tension, which would be obtained by thus changing the pose. Why the patient should be more comfortable when lying on the right side, I am *unable* to say.

I am aware that the view taken is open to criticism; but the most serious objection that occurs to me is that it is too simple,—too easy. However, such as it is, I submit it, hoping that similar experience may be elicited.

In an early part of my career, I saw, in another physician's office, a man who had suffered from a seven years' hiccough — my memory does not serve me as to the conditions, but it was constantly present — and had then been relieved, for the first time, by the use of *Nux* and *Sulphur*.

Subsequently, I was cognizant of two cases where hiccough lasted thirty-six hours and forty-eight hours, night and day; these were relieved apparently by the use of *Camphor*.

Not the least interesting part of this case to me is the result which has appeared to follow the use of *Lycopod*.

Taking the view that the symptom depended on irritation arising from change of tissue in the pelvis, I hardly expected to obtain relief from internal medication,—indeed, from any kind of medication.

I had been considering the propriety of an operative procedure analogous to a tenotomy, when I was informed by Dr. Nott, one of the physicians of the Clinic, that his prescription appeared to be doing good. And we were all delighted and astonished to be able to bear witness to the result narrated in the foregoing.

POST-PARTUM HEMORRHAGE.

Read before the Indiana Institute of Homœopathy, 1878.

BY DR. W. EGGERT, INDIANAPOLIS.

ON the 5th January, 1878, I was called to see a lady who had been delivered of a healthy child at full term, with the assistance of a midwife. She is twenty-seven years old, anæmic, and of a highly sensitive organism. This is her third child, and after each delivery she had severe hemorrhages. The hemorrhage at this time was worse than any previous one; a homœopathic pretender had already administered for her, but gave her up to die, hence my calling. The woman appears like a corpse; pale, with here and there slight bluish spots like *ecchymosis*; extremities cold, but the head somewhat warm; pulse almost imperceptible and quick, impossible to count; Thus she lies perfectly rational, the eyes open, motionless, painless. The abdomen shows tympanitis to an almost unparalleled extent. The uterus not contracted, the os uteri wide open, so that the fingers can pass in and out without the slightest interference, and from time to time occurred a profuse discharge of rather pale blood, mixed with large black clots. The hemorrhage had

been more profuse and continued before my arrival, but the fountain of life was now fast running short. The gentleman who preceded me had given her *Acon.*, *Bell.*, *China*, *Secale cor.*, etc., in drop doses of the mother tincture, and the first attenuation; no wonder she got worse all the time. Would cold application or warm injections have helped her? I doubt it. Would *Quinine* and stimulants have been of any use? I say emphatically—No; for I am prepared to speak from experience. Taking into account the liquid discharge mixed with black large clots; the cold extremities and warm head; the extreme tympanitis to which Dr Ehrwood directed my attention, and for which I ever shall feel grateful, I gave her *Arnica*²⁰⁰ dissolved in water, every five minutes a teaspoonful, until some improvement became apparent, then to be continued at longer intervals; and Homœopathy, ever true to its promises, when properly applied, saved this life; for in less than five hours my patient was out of danger, and in twenty-four hours was as well as possibly could be expected. Moreover, she feels to-day better than she felt for many years. •

RAGS AS DISSEMINATORS OF DISEASE.—As during the campaigns of 1849, 1850, and 1855, when cholera first appeared in the camp, and afterwards made a tour of Europe, the close proximity of the scene of strife to Austrian ground has caused the government of that country to devote some attention to the outbreaks of epidemics and their means of propagation, a case of spotted typhus has been reported at Kronstadt; while Trieste and Venice, always in active communication with the Levant, have developed some cases which give rise to grave suspicion. Among the measures taken by the Austrian Government to prevent the spread of disease, is to obtain the adoption of uniform precautions in all the neighboring states, in the shape of the strict enforcement of sanitary regulations, and the prohibition of the importation of rags and other things capable of spreading disease-germs. The authorities of Austria have for some time past wisely forbidden the importation of rags. (*British Medical Journal.*)—*Monthly Hom. Review.*

SCARLET FEVER AND DRUG PROPHYLACTICS.

BY E. B. HOLT, M.D., OF BROOKLINE.

Read before the Essex Co. Homœopathic Medical Society.

SCARLET FEVER is one of the most important and dangerous diseases intrusted to the care of the physician. Its frequent occurrence, its rapid diffusion over large tracts of territory, the severity and uniform fatality of many of its varieties, and the liability to a fatal result in some of its milder forms, render it both a terror to the community, and a source of anxiety and distrust to the medical practitioner. In many respects it ranks foremost among the malignant and fatal diseases which inflict the human race; and, as a destroyer of its juvenile portion, it is unsurpassed by any disease known in medical literature. How important, then, that the physician should be well versed in the pathology and treatment of this malady, in order that he may do all that can be done for its amelioration by medical art, and also that he may interpose no obstacles to the healing power of nature. In cases which result fatally, the friends of the deceased will bear their loss with greater resignation, if assured that all has been done which the conscientious and learned physician could do. But how much more bitter their anguish if they think the medical attendant to have been unqualified or neglectful.

The period of incubation of scarlet fever is generally from eight to ten days, although it is frequently a longer or shorter time. The disease is divided into three stages: the first, from the commencement of the disease to the beginning of the eruption; the second, from the beginning of the eruption to the commencement of desquamation; the third, from the beginning of desquamation to the termination of the affection. There is usually a febrile state before the eruption, lasting from one to three days. The eruption lasts from four to eight days, and occasionally longer. The period of desquamation lasts from five to twelve days. The primary fever may be of different degrees of severity in different cases; a short, severe primary fever being usually followed by a severe type of the disease, and a long, mild, primary fever usually preceding a mild type of the malady. The chief parts of the system attacked by scarlet fever are the skin, throat, and kidneys. The eruption upon the skin may precede or follow the affection of the throat. The throat symptoms last from eight to twenty days, and the fever generally lasts as long as

the throat is affected, and for a longer or shorter time after the disappearance of the eruption. The disease may be followed by dropsy in various parts of the body, pleurisy, pericarditis, inflammation of the joints, ear, cornea, etc. The brain and its membranes may become inflamed. Occasionally the mental and physical powers of the sufferer are so much oppressed that he dies without any lesion of throat, skin, kidney, or brain. He appears to die in such cases from paralysis of the heart, caused by excessive adynamia, resembling that of cholera, yellow fever, or the bite of a venomous serpent. The eruption in scarlet fever is generally of a scarlet hue, though sometimes of a darker color, and is of three varieties: the smooth, the papular, and the vesicular. In the smooth variety the eruption presents a uniform scarlet hue, generally well diffused over the entire body, and resembling in color a boiled lobster. This is the variety described by Sydenham, and the first form observed by Hahnemann, and form which alone he claimed Belladonna to be both a specific and a prophylactic. The papular variety, or scarlatina papulosa, is an eruption in which the papillæ of the skin are enlarged and inflamed at circumscribed spots, which give an appearance of roughness. The vesicular variety of the eruption is where the eruption is accompanied by vesicles filled with serum, which ultimately shrivel up and desquamate. The eruption generally appears first upon the body and limbs, but sometimes it makes its appearance first upon the face, and is rapidly diffused over the entire body. It appears first as minute spots or maculæ separated by healthy skin. These, in a few hours, coalesce and become red. The superficial layers of the skin appear to be affected by intense hyperæmia and inflammatory œdema, the color being scarlet at first, but growing darker as the disease advances, or livid, intermixed with petechiæ. The color fades upon pressure, leaving a white spot, which disappears from the periphery towards the centre. In malignant cases extensive ecchymosis may take place,—a most unfavorable sign. The desquamation is usually complete at the end of the second week. During desquamation from hyperæmia and catarrh of the uriniferous tubules of the kidney, renal epithelium and albumen may be detected in the urine, and anasarca may occur. For a more minute description of the disease, it is usually divided into three varieties: scarlatina simplex, scarlatina anginosa, and scarlatina maligna.

Scarlatina simplex, or simple scarlet fever, consists of the eruption upon the skin, catarrhal sore throat, hyperæmia, and catarrh of the kidneys, accompanied by fever of greater or less severity. During

the primary fever the patient may be slightly sick, or the febrile symptoms may be of great severity. There is generally pain in the back and limbs, loss of appetite, white tongue, and nausea and vomiting. There is frequently great heat of the skin, the pulse ranging from one hundred and twenty to one hundred and forty per minute, and the temperature not unfrequently rising to one hundred and five degrees Fahrenheit. Occasionally, the patient is not sick enough to take to his bed, and the fever may not be aggravated by the appearance of the eruption. The eruption appears in from twenty-four to forty-eight hours from the beginning of the febrile symptoms, first upon the face and upper extremities, the next day upon the body, and the third day upon the lower extremities. On the fourth day of the eruption the rash disappears on the face and upper extremities, on the fifth day upon the trunk, and upon the sixth or seventh day, disappears from the entire body. In mild forms of this variety the fever terminates with the disappearance of the eruption. The patient is debilitated for several days, and may have albuminuria, and accompanying anasarca and dropsy, as sequelæ. During the disease there may be headache, debility, loss of appetite, and frequently convulsions. The pulse during the eruption ranges from one hundred and twenty to one hundred and forty, and occasionally may exceed the latter figure, while the temperature may range from one hundred and five to even one hundred and ten degrees Fahrenheit. The temperature in scarlet fever may range higher, without a fatal result, than in any other disease. The mucous membranes of the eyes and nasal cavities may become inflamed, but there is no photophobia or coryza. The tongue and buccal mucous membranes are affected similarly. The papillae of the tongue are enlarged, of a dark scarlet color, forming what is commonly known as the "strawberry tongue." Sore throat does not always exist in this variety of the disease. When it does occur, it may be of long duration, and the severest symptom, not unfrequently terminating in ulceration. There are two varieties of ulceration: one in which the tonsils are enlarged, and of a bright red color, and the accompanying ulcers are superficial. Sloughing occurs on the fifth or sixth day, and the throat is entirely healed in from eight to twenty days. In the other variety the tonsils are very much enlarged, and of a dark livid hue, and the accompanying ulcers are deep. The sloughs are a long time in coming away, and from three to six weeks are required for a complete recovery. The inflammation may attack the whole throat, extending into the Eustachian tube and pharynx. Pus may be discharged from the ears,

and abscesses form in the pharynx. The tympanum may be destroyed, and deafness result therefrom; or the larynx may be invaded, and the patient die of croup. The lymphatic glands of the neck may enlarge and suppurate. There may be œdema of the submucous and subcutaneous cellular tissue, causing swelling of the epiglottis, face, hands, and other parts. This is generally soon absorbed, but it has been known to be followed by mortification of a finger or toe. Dropsy, if present, usually occurs between the fifteenth and twenty-third day of the disease. Œdema of the face first appears, then of the hands and feet. Dropsy may extend over the entire body, and death result from œdema of the epiglottis, or from a sudden attack of hydrothorax, hydropericardium, or ascites. During the dropsy the urine is scanty and albuminous, or it may be normal in amount. When dropsical symptoms are well marked, the kidneys resemble, in appearance, some stages of Bright's Disease. A distinguished physician has said that it is more important to examine the urine than to feel the pulse of a patient convalescent from scarlet fever. During the first six days the urine is small in amount, and the urea and uric acid increased beyond the normal quantity. After the sixth or eighth day, if the patient is improving, the urine is abundant, of pale color, with neutral or feebly acid reaction. Some writers think that in all cases there is albumen present; others deny the assertion. The urine usually contains a large amount of renal and bladder epithelium, but no renal cylinders or casts, unless there is accompanying dropsy. The albumen may continue only for a short time, or it may be present as long as there are dropsical symptoms. All the above enumerated symptoms may occur in simple scarlet fever.

Scarlatina Anginosa.—This form of the disease is distinguished by the great severity of the throat symptoms. These may be unaccompanied by any eruption upon the skin, or the eruption may be very slight in amount. During some epidemics of scarlet fever many persons are attacked by sore throat of greater or less severity, with febrile symptoms proportionate to the severity of the throat affection, but having very little or no eruption upon the skin. These symptoms are known to be an attack of the disease by the exemption after exposure of the individuals, to whom they occur, from future attacks of scarlet fever. An attack of this form may assume all the symptoms of the disease, except the eruption. The primary fever is much more severe than in simple scarlet fever. It may be accompanied by nausea, vomiting, severe headache, delirium,

and convulsions. The thermometer often rises as high as one hundred and five degrees Fahrenheit, and occasionally higher, while the pulse is quick, feeble, and fluttering, denoting great debility. The angina sometimes precedes the primary fever, and seems to be the starting-point of the disease. It may assume different degrees of severity in different cases, from that of slight sore throat to severe swelling and occlusion of the fauces, accompanied by ulceration of a diphtheritic character. The febrile symptoms are proportionate to those of the throat. In severe cases of scarlatina anginosa there is frequently developed a slight irregular eruption, accompanied by petecchial spots. Sloughing sometimes occurs as early as the fourth day, and the fever subsides in a few days afterwards. Occasionally sloughing does not take place until the fourteenth or fifteenth day, and the fever may remain for two weeks after the disappearance of the eruption, thus showing it to be dependent upon the throat symptoms.

Scarlatina Maligna has more or less of the symptoms of the two preceding varieties, but they are all of a severer type. Subsequent severe effects are more apt to occur, which frequently lead to a fatal result. The tonsils in this form of the disease are very much swollen, of a livid color, and the sloughs are deep, spreading in all directions, and the formation of new tissue, by granulation, takes place slowly. This form of angina is known as putrid or malignant sore throat. It is frequently accompanied by little or no eruption, but petecchial spots are usually seen upon the skin, and the accompanying fever is of a low typhoid form. Other cases die from the violence of the disease, which may be of septic, typhoid, or malignant type, with little or no structural lesion. The angina may assume a malignant form when the other symptoms appear favorable. A diphtheritic inflammation, of a dirty-white color, may invade the throat, spread to the nasal cavities, causing a flow of mucus of a fetid, corroding character. Gray unhealthy ulcers are formed from the sloughing which takes place. The lymphatic glands of the neck swell, and finally suppurate. The pulse is small and rapid, usually from one hundred and forty to one hundred and sixty per minute, and the temperature frequently one hundred and six, or higher. The eruption is late in its appearance, of a dark livid color, uncertain in its duration, and unevenly distributed over the surface of the body. The tongue becomes dry and brown, as in typhoid, and delirium occurs. Mortification and sloughing of the cheeks, toes, fingers, and even of a whole lower extremity have been known to take place. Death may occur as early

as the third day from gangrene of the œsophagus, or of other parts of the alimentary canal. When occurring later, death is frequently preceded by acrid discharges from the bowel, and blood may be discharged from the nose, mouth, bowel, and kidneys.

Several sequelæ of scarlet fever are liable to occur. The Eustachian tube may be invaded by inflammation, and the small bones of the ear be destroyed. Ulceration of the tympanum, and deafness resulting therefrom, may take place. A chronic offensive discharge may occur from the ear, which may continue until the whole bony structure of the cochlea is destroyed. The petrous portion of the temporal bone may become carious, causing inflammation of the brain and its membranes, and death result therefrom. The joints may take on a form of inflammation resembling rheumatism, which may cause febrile symptoms for many days after all other symptoms have disappeared. Dropsy, to which symptom we have before referred, occurs as a sequela in a certain number of cases, as frequently after a mild form of the disease, as after a severe one. It is not necessarily caused by cold, as some suppose, but by the local action of the disease upon the kidneys. Cold may be an exciting cause, however, and exposure to it should be avoided for several weeks after recovery from the disease. It usually makes its appearance, when it does occur, about the twenty-third or fourth day of the disease, sometimes later, beginning with pallor of the countenance, and œdema of the face and hands. The feet then swell, and dropsy of the whole body may take place. An effusion of serum may occur within the large serous cavities of the body, causing death by compression of the heart, lungs, or brain. When effusion takes place within the cranium, it is usually preceded, by headache, blindness, and convulsions.

Although the essential nature of the scarlet fever poison is unknown, its diffusion and methods for its prevention are known, although the latter knowledge is with difficulty put to good result. The disease was first observed by Europeans in the year 1556, and described by Sydenham in 1676. It is a highly contagious disease, propagated by emanations from the body. Especially do the tiny detached scales of epidermis, which are wafted far and wide, carry the infection to fresh victims. It is supposed to have originated in Arabia, from whence it has spread over the globe. Some writers maintain that, at the present time, it never arises spontaneously; and that, if at any time, a complete check could be put to its diffusion by contagion, the disease would become extinct. It prevails chiefly during the winter months. Persons of all ages may be at-

tacked, but children from one to five years of age are most liable. The liability to an attack diminishes rapidly after the seventh year. It seldom occurs during the first year. A case of the disease has been observed by the writer in an infant of three months. The symptoms were not severe, and recovery took place rapidly. The eruption was well developed, rendering a mistake in the diagnosis impossible. Scarlet fever is usually experienced but once in the same individual, although cases of a second, and even of a third attack are well authenticated. Sex seems to have no influence, and rich and poor are alike liable to an attack of the disease after exposure. Many cases are on record of its being carried from house to house by the clothing, and it has been even known to have been sent many miles by letter communication into regions where no case has occurred for years. As a second attack is very seldom experienced, a child who has passed through the disease without any bad results, at the time, or any subsequent ill effects, may be considered fortunate. A large source of anxiety, in such a case, is removed from the minds of its parents and friends. But, as we cannot foretell favorable results, it is the duty of every one to guard children by isolation, and all known means of prevention, from the ravages of this disease.

This suggests to us the inquiry as to what amount of reliance can be placed in the prophylactic virtues of *Belladonna* in scarlet fever. This drug was first used by Hahnemann, as a preventive of the disease, in the year 1799. His attention was first called to the subject by the exemption of a little girl, to whom he was giving *Belladonna* for an affection of the finger-joints, from the disease, while three other children of the same family were suffering from scarlet fever.

Hahnemann made many other experiments with similar results, before recommending the drug as a prophylactic for the disease. As early as 1810, some Allopathic physicians of Leipsic recommended the employment of *Belladonna* as a prophylactic for scarlet fever, without, however, giving any credit to Hahnemann for its discovery, although he was living, at that time, in the same city. In 1826, Hufeland, a very distinguished Allopathic physician of Germany, wrote an article on the subject, which he published in a medical journal of large circulation, of which he was the editor. In this article he gives Hahnemann great credit for his discovery, and cites an overwhelming amount of testimony in its favor. Hahnemann did not publish his discovery to the world until two years after his first trial of the drug, during which time he made many conclusive experiments himself, and received very many favorable reports from other physicians to whom

he furnished the drug, without, however, informing them of its name. Yet so matter-of-fact was Hahnemann, so unwilling to advance an idea of his as a fact, until clearly proved, that some eleven years after its discovery, he wrote, "Up to this period it is impossible that the corroboration of my assertion could be complete." About the year 1812, epidemics of scarlet fever raged in Germany, and numerous observers confirmed Hahnemann's discovery, and whole villages, where the experiment was tried, were exempted from the ravages of the disease. Experiments instituted in 1820, by numerous physicians, were also highly favorable to the same discovery. Hahnemann's directions for giving *Belladonna* as a prophylactic for the disease, were to give one or two drops for each year of the child's age, of the third attenuation of the drug, not oftener than once in seventy-two hours; and where his directions have been strictly carried out, a favorable result has been obtained.

In 1851, Mr. Benjamin Bell made some experiments with *Belladonna* as a prophylactic, and published his disbelief in Hahnemann's discovery. He had an entirely original method of administering the drug, for he tells us that "he gave to each boy *one-fifth of a grain* of the extract of *Belladonna* twice in the twenty-four hours." In a few days he observed "dilatation of the pupils, perverted vision, furring of the tongue, impaired appetite, and other evidences of slight indisposition." Of fifty-four boys who took *Belladonna* thus crudely prescribed, twenty-three took scarlet fever, or about thirty-eight per cent. Dr. Gillispee, an Allopathic physician, in charge of one hundred boys, to whom none of the drug was given, had, during the same epidemic, fifty-two cases of the disease, besides a number of mild cases, whose symptoms, he tells us, were not sufficiently marked to be called scarlet fever. We think that Mr. Bell's experiments were attended with a certain amount of success. Dr. Stillé, as quoted in *Flint's Practice of Medicine*, gives the following directions for using *Belladonna* as a prophylactic in the disease: "Dissolve from one to three grains of the extract of *Belladonna* in an ounce of cinnamon water, adding a few drops of alcohol, to prevent fermentation. Of this solution give, two or three times a day, one drop for each year of the child's age." Stillé's prescription is undoubtedly an improvement upon Bell's, but it is quite different from that of Hahnemann.

Pereira, in his article on *Belladonna*, in his *Materia Medica*, says, "The introduction of *Belladonna* into practice, as a preventive of scarlet fever, is owing to the absurd Homœopathic dogma *similia similibus cu-*

rantur, for as this plant gives rise to an affection of the throat, and sometimes to a scarlet rash upon the skin, its power of guarding the system against the reception of the scarlet fever has been assumed, and endeavors have been made to establish it by an appeal to experience. Bayle," he adds, "has collected, from various publications, two thousand and twenty-seven cases of persons who took the medicine, and were exposed to the disease; of these nineteen hundred and forty-eight escaped. Oppenheim," he also states, "gave it to twelve hundred and three soldiers, and only twelve were affected by the disease. Hufeland," he adds, "also admits, from his own observation, the efficacy of the drug." On the other hand, Pereira mentions several in whose hands no results were obtained. Of Mr. Benjamin Bell's experiments, which we have referred to, Pereira says, "Scarlet fever having appeared in the hospital in 1851, *Belladonna* was given to fifty-four healthy boys to the extent of *dilating their pupils*; twenty-three of the fifty-four, notwithstanding, took the disease." How very singular that modern Allopaths should have come to such different conclusions from those of Hahnemann's day. May not their departure from Hahnemann's dose and mode of administration account for their failure? Hahnemann's directions were undoubtedly followed by Hufeland and his Allopathic contemporaries, who acknowledge the efficacy of the drug.

Another fact should be taken into account in forming our opinion in regard to *Belladonna's* prophylactic virtues in this disease. Hahnemann did *not* maintain that this drug would prevent *all varieties* of scarlet fever, and he expressly states that he had seen *forms* of the disease which it would *not* prevent. As early as the year 1800, he informs us that he observed a form of the malady for which *Belladonna* was not a prophylactic. This he considered to be essentially different from the simple scarlet fever described by Sydenham, for which variety alone he claimed it as a preventive. Those of us who are conversant with the writings of Hahnemann, can bear testimony to the thoroughness with which he conducted his experiments. When we consider how cautious he was in announcing anything which he had discovered, until he had proved it to be a fact, we must accept as indisputable Hahnemann's assertion that *Belladonna*, prescribed in the manner we have recorded, is a preventive of simple scarlet fever. Especially, as it has been shown that those who have tried to refute his statement have invented doses, and frequency of repetition of those doses, entirely contrary to the directions which he has so minutely given.

Another argument, which must have great weight with us as Homœopathists in favor of the assertion, is the similarity of the pathogenesis of *Belladonna* to the simple form of the disease. We have the fever, the sore throat, the eruption upon the skin, the mental symptoms, etc., almost identical, and as we find *Belladonna* most serviceable in mitigating these symptoms, by virtue of its similarity to the disease, does it require a large stretch of the imagination to claim that it may prevent their occurrence? Hahnemann tells us that he suspected this to be so, from his knowledge of this similarity, before he was convinced by experimentation.

As those so-called refuters of his discovery were, according to their own confession, exceedingly careless in making their experiments with the drug, may they not have been equally careless in regard to the variety of the scarlet fever epidemics upon which they experimented? We think that such may have been the fact, and that the drug may have been prescribed in epidemics of scarlatina papulosa and of scarlatina vesicular, with as little hesitation as occurred in those cases where the pupils of small boys' eyes were compelled to dilate by "one-fifth of a grain doses of extract of *Belladonna*."

The number of drug prophylactics, known to the physician, is few, although much time and patient research have been given for their discovery. In our humble opinion, the reason that more have not been discovered is, that medical men have failed to look in the right direction for them. Hahnemann has, by his great labor and transcendent genius, pointed out to the physician the true method of eradicating disease. He has also designated a drug, which has been conclusively proved to be a prophylactic, in *one variety* of a disease of great severity. He has also demonstrated, and it is readily admitted by the best Allopathic authorities, that the drug will frequently develop symptoms in the healthy similar to the variety of the disease which it has been shown to prevent. We make the assertion boldly, and without fear of refutation, that any drug, whether of animal, vegetable, or mineral origin, must be capable of causing in the healthy system, symptoms similar to those of the disease, or variety of disease for which it will prove to be a prophylactic.

The greatest prophylactic known to the physician, and which is now universally acknowledged by the whole medical world, is vaccination. If we examine this subject thoroughly, we shall find that the symptoms caused by the insertion of the vaccine virus are very similar, though limited in regard to severity, to those of small-pox, which it certainly prevents. If we trace the history of an individual erup-

tion of the many which occur in the disease, and compare it carefully with the vaccine disease, we are struck by their similarity throughout their whole course. We have the small raised point, the papule, the vesicle, the pustule, with its central depression and surrounding areola, the dry, hard scab, which at length falls off, leaving its characteristic pitting in each case; and were it possible to insert the vaccine virus into an innumerable number of places over the entire body, we think that it would be impossible to distinguish the symptoms resulting therefrom from true small-pox. Jenner, the discoverer of vaccination, has rendered his name immortal. We, in common with our Allopathic brethren, are happy to accord to him his meed of praise. He made a discovery which, although it never clashed or interfered with any preconceived theories of disease, or the treatment of disease, nevertheless brought upon him much ridicule and contempt at the time, but which he lived to see acknowledged by the whole medical profession.

While we would detract nothing from the plaudits bestowed upon Jenner, how much more ought we to venerate the name of Hahnemann, who not only has pointed out to us a prophylactic, as did the discoverer of vaccination, but has also shown how other prophylactics may be discovered in the future; and not only this, but in addition he has shown us how to eradicate all forms of curable disease after it has seized upon its victims. That we are not able, at the present day, to effect this result is partly because we have not yet discovered the agents necessary thereto, and partly because we are not sufficiently well informed in regard to those which are within our reach. The law is perfect, but our means are inadequate, or our use of those means is defective.

As another proof of our assertion, and of our definition of a drug prophylactic, allow me to cite the use of *Cinchona* as a preventive of intermittent fever. It is not so universally acknowledged to be such as is vaccination in small-pox. But it is believed in, and many facts have been demonstrated in its favor by many reliable physicians. Now if we turn to the pathogenesis of *Cinchona*, as portrayed in the Homœopathic *materia medica*, or read cases of continued poisoning by the drug, as recorded in the toxicology of our Allopathic neighbors, we shall find ample proof of its conformity to the law of similars. Accordingly, we find that the drug which will cure simple, uncomplicated forms of intermittent fever, will also prevent those forms of the disease occurring in healthy persons. And as we have maintained that *Belladonna* and *Cinchona* will cure, as well as pre-

vent, the respective forms of disease, which simulate their pathogenetic symptoms, it may be asked, will not the vaccine virus cure, or modify, as well as prevent small-pox? Several physicians of the Homœopathic school have published cases of the disease, which have, in their judgment, been greatly benefited by the use of this animal product. The writer made a trial of the virus, some four or five years ago, in a case of small-pox, with apparently good results. The patient was a young lady of about twenty years of age, who was completely covered by the eruption, and had a severe form of the disease. The second decimal attenuation, made of vaccine lymph, procured directly from a heifer belonging to my friend Dr. W. C. Cutler, of Chelsea, was prescribed. Soon after the administration of the remedy, there was great amelioration of the symptoms of the disease. The pocks seemed to abort, as in varioloid; there was little or no itching, no secondary fever, and after recovery very little pitting was to be found. This is the last case of small-pox seen by us, but we hope that future trials may be made with the remedy in this severe and often fatal disease. We have recently been informed by a physician, that in some parts of New Hampshire, people who expect to be exposed to the emanations of the poison-ivy, or *Rhus radicans*, are accustomed to eat a few leaves of the shrub, as they maintain that it is a prophylactic against the well-known action of the drug upon the skin. This is another example of our definition of a drug prophylactic, and conforms well with the other toxic agents which we have referred to. Having, we are certain, exhausted your patience already, we shall say nothing in regard to the treatment of scarlet fever, but would strongly urge strict individualization in each case of the disease, and the selection of the most similar remedy. By this method alone can we secure the best results known to medical science.

APPLICATION OF ICE TO THE RECTUM IN NARCOSIS FROM CHLOROFORM.—According to Dr. Baillée, there is no more effectual remedy in narcosis produced by chloroform than the introduction of a piece of ice into the rectum. Moderate pressure overcomes the resistance of the sphincter, and immediately on the ice melting in the rectum a deep inspiration takes place, which is at once followed by the re-establishment of natural respiration and of the action of the heart. M. Baillée recommends the same means in the apparent death of new-born infants. (*Gaz. des Hôp.*, March 23.)—*Monthly Hom. Review.*

THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, AUGUST, 1878.

THE Sixth Annual Announcement of the *Boston University School of Medicine*, which has been recently issued, contains many points indicative of progress which will be gladly hailed by all interested in this department of the University; a university, considering the short time which has elapsed since its foundation, unrivalled in the breadth of culture and spirit of catholicism which characterizes its management. Among its many post-graduate schools and colleges, that of medicine takes no mean rank; and the improvements suggested in the new announcement of this department are in the right direction, and of that tenor which, rigidly pushed and adhered to, will make it not only the peer of any department of the University, but the foremost medical school of the country.

The step which by far seems most progressive to us, is the information that the requirements of applicants to the school are each year becoming more and more, and the examinations in those requirements more searching, thorough, and rigid. Too much attention on the part of the faculty in this respect we believe *impossible*. One may possibly, upon a slender foundation, build a structure in theology or law which will enable him to gain a livelihood, with credit to himself and the community in which his lot may be cast, but in *medicine* never. There *should* be no pettifoggers in physic. More than in any other profession is required that preliminary training which shall insure broad, generous culture, that culture which enables one to view comprehensively, grasp quickly, think rapidly, and reason acutely, and such training must be obtained *previous* to one's entrance upon the domain of medicine; for once within its bounds, and one finds himself within a labyrinth, the golden cord of exit from which is only to be found by hard, patient, unremitting, tiresome, persistent endeavor. It is useless to think that the medical student can obtain something of this broad, general education, and *at the same time* do his work in physic creditably; he cannot do it. Medicine at the present day is limitless; its vastness renders specialism almost a necessity to him who would obtain rank and fame. He, then, who would obtain general culture and medicine at once, miserably fails of both.

The second point which we notice, and which is hardly second in importance to the foregoing, is the absolute application of the *graded* course, and the exaction of the completion of one year's studies before those of another year are assumed. Thoroughness and system are more necessary than rapidity in advance; in fact, without the former, there can be *no* true progress.

The restoration of the degrees of Bachelors of Medicine and Surgery, and the consequent extension of the course to those so disposed to four years, leads us to hope that the day is not far distant when such course will become compulsory. So far as we know, this school was the first to institute preliminary examinations and a graded course. Such being the case, we sincerely trust it will maintain the lead in pushing both these progressive movements to their utmost limit.

We cannot close without congratulating the school on the establishment of a lectureship in nervous diseases, and the acquisition of E. P. Colby, M.D., former Professor in the Chair of Medical Chemistry, as the lecturer. In these days of fast living, fast business, fast brains, when consequent nervous debility and prostration necessarily are alarmingly on the increase, this department of medicine is of the utmost value; and no one realizes this importance, and could come to the work with more earnestness of purpose and appreciation of the work, than Dr. C.

WE copy the following from *Maryland Medical Journal* for July:—

“The Michigan State Medical Society met at Lansing, May, 15th. Issue was fairly joined on the resolution that the graduates of the Ann Arbor University, since part of the Faculty have been constituted of Homœopathists, should not be admitted to the membership of the State Society. What is called the Liberal party defeated the proposed amendment by a vote of 62 to 41, and also proceeded to elect members of the Board of Censors who would carry out the views of the majority in considering applications for membership. The indications now are that the matter will come before the American Medical Association, on appeal, and that the Michigan Society will there be accused for permitting its members to improperly treat with Homœopathy.”

CORRESPONDENCE.

INK-SPLASHES ON THE LATE SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY AT PUT-IN BAY.

BY J. HEBER SMITH, M.D., MELROSE, MASS.

DEAR GAZETTE,—The mercury is at 90 in my office. The very ink seems to bubble, and now it boils over its quaint stand, to mingle with perspiration, an omelette of brains, served on writing-paper. It is excusable if one's thoughts assume fantastic forms, while the ink itself is taking shapes to recall Put-in Bay, and those just seen, but all too late for perfect peace,—faces bidden good-by not without a, yes—well?—a tear. It is hard, to-day, to know whether one is being lifted by sentiment, or prostrated with sun-stroke. Surely this must be one of the many periods in our lives when happiness must be sought by looking into the past or future. It requires no great exertion for me to be looking into the middle of last June! The sensation is rather delightful.

That too brief enjoyment of sweet society, away from life's hurly burly, richly paid for the turmoil of getting away (your physician always starts off on a pleasure-trip with a nervous shriek, and writes despatches until throttled by the conductor for his fare,—at least Talbot and I did). It ameliorated the *patient* (?) retaking of old burdens. The hazardous journey through that dreadful Western region of ham and eggs, dust, and lifeless cigars, is forgotten; only the memory of my delightful travelling companions remains.

Is it not true, that, before we have half learned the sweets of congenial association, we are waving farewells out of the sunset of our little day of life?

Not having attended its meetings for ten years, I had come to regard the American Institute of Homœopathy as a huge national drag-net for luckless wights like me. Indeed I was beginning to concoct a plan of escape from its meshes at the earliest opportunity. Its dues seemed hard to pay (despite modern facilities for "seeing" its omniscient Treasurer); its publications exasperatingly unattainable, though issued with diabolical promptness, *to the elect*; its honors appeared brought to the front on the crest of sectional tides; its membership swollen by local agglomeration, like a huge snow-ball, taking up more or less native *soil* wherever it rolled. The more fool was I!

But I did not tell my thoughts to any but a very select circle of stay-at-home, country mice like me. For this discretion I hug myself!

Of Put-in Bay I have little to say, and this is not "rhyme without reason"! To one who drops there out of the invigorating east wind of Massachusetts Bay, the haven whose shores are dotted with cottages of the thousands seeking rest and comfort through the heated term,—for such a mortal, the lake's soft, Italian air and island scenery possess few charms superior to the delicious one of isolation. To those who can bear the tonic of Boston's east winds through the cold season (by the law of "the survival of the fittest"!) her breezes in summer speak, even to the toiler, of hammocks beneath sequestered coolness, of iced beverages, fans waved by invisible genii, and the whisperings of historic shades.

That which has made Put-in Bay memorable to me was not its excellent accommodations, its advantages for recreation, or its traditional glory. Perry might have "put in" at some other harbor, or gone pearl-diving to the bottom of the muddy lake, under all its muchness of tepid, fresh water, and I truly might not have cared, at that time, or even now, so very greatly. Indeed I am not sure but that my sympathies, at the time, were wholly enlisted with the English fleet, or I might not have cared which licked, the eagle or the lion, though I generally sympathize with a bird, if well basted. But what endeared to my heart the associations of that little island, infested with ephemera as it is, and slopping wet with sour wine, was the meeting there with men whom I had long waited to see and to take by the hand.

Your space would fail me to tell my impressions of these colleagues. Many are already familiar to your readers, either in person or by their writings. It would seem invidious to individualize, from among so many who stand preëminent, and others might better accomplish such a difficult task. I was favorably impressed with the earnest, truthful, manly tone of the discussions. Men holding widely varying opinions gave them freely, calmly, forcibly, thrilling with conviction. They were listened to respectfully, and answered with equal courtesy and force.

I heard with thorough pleasure the first morning's discussion. It struck the key-note of the whole session, and was upon the brief and scarcely adequate synopsis of the paper presented by Prof. Conrad Wesselhoeft, on "The Effects of Trituration on Metals and other Hard Insoluble Substances." The Doctor stated the results of his prolonged and careful microscopic examinations of triturations, giving his

methods, which seem to possess the merit of great ingenuity, as well as of originality, and hinted his almost revolutionizing conclusions with admirable clearness and precision of language. You could have heard a pin drop anywhere in the hall; we listened with bated breath. His words, like those of Ulysses in council, fell fast as the snow, as passionless, as chilling to our old-time ardor of faith in pharmaceutic inconsistencies. In the sound of his voice decades of futile ministrations to disease were overtaken, as by the swoop of avenging thought, and the cause of them made apparent at the bar of judgment. Following this plea of science for correct methods, and the future avoidance of errors, the silence for some moments seemed almost oppressive. One of the historic hours of Homœopathy had come! It remained to be seen whether our cause had resilience sufficient in her supporters to bend to destiny, or stand in the old path and suffer the disaster of learning, too late, how "better are the wounds of a friend than the kisses of an enemy."

The first speaker, called to the rostrum as one capable, from his special studies with the microscope, of affording the Institute farther light, was Prof. Samuel A. Jones, widely known by his vigorous and natural pen, under the *nom-de-plume* of Carl Müller. I will not linger to attempt reporting from memory his eloquent remarks. Fancy the most rapid unfolding of thought, from a dry preliminary resumé of authorities and mathematic details, to idealism self-mastered, and all the while his almost petite figure still, yet expressive of subtile force. But his face lights, and his eyes flash or suffuse with feeling as he carries you over the years of his own and other's studies illustrative of the subject, back to his association in experimentation with his tenderly revered friend Dr. Carroll Dunham. This perfectly off-hand speech, alone, from its beginning to its beautiful and poetic close, seemed to me to repay the fatigues of the long journey there, and lighten the cares left, at compound interest, at home.

I was not wholly ignorant of the merits of the question, so recently raised by certain gentlemen of the Michigan Homœopathic Medical Society, of his fitness for the responsible place he holds as Dean of our school at Ann Arbor. But I have held his hand at last. I feel that I even know his heart, and, on my soul, he is not a man that Homœopathy can spare from her walls, where the fight is thickest! Should he fall, it will be as on one knee, avoiding the ill-timed thrusts of his whilom friends, blind with hot blood.

What are we as a sect in medicine? where are our defences? — that

we can afford to sacrifice one leader after another, as if it were some heathen fête of triumph, instead of a struggle for existence. Are our young and tentative colleges sowing such dragons' teeth for annual crops of champions, and their diplomas such invulnerable lorications of steel, that we can be so lavish of men? Ah, well! the Persians, our opponents, of late have shrewdly divined that, let alone, Athens might turn her sword against Sparta, and all Greece divide and languish.

But to return: Prof. H. N. Guernsey, of Philadelphia, next speaking to the question of the morning, advocated the theory of a dynamic force, never lost, in medicines, from an advanced not to say generally unattainable position as a thorough believer in the spiritual power of attenuated matter and of its eternal procession from deity. He reasoned with us from the first cause, down the gradations of creative expression, to man, the microcosm, and to the indestructible though viewless atoms of the material world. His manner had lost not any of its old earnestness and absorption, his utterance none of its former sweetness and ingenuousness. For one holding, like a truncheon, such unusual, and, to the majority, obnoxious opinions, it appeared that his words were most carefully chosen and even lovingly tempered. I could not help saying in my heart, "Ah, dear Professor! 'almost thou persuadest me.'" What a well-ordered and beautiful universe such a mind must look out upon, with faith's eye undimmed with tears. But as for me, I must even go on in the shadows of doubt, as though I had never listened to this idyl of medico-theologic belief.

Yet even for such as I, the spirit of truth may be brooding above the rayless, shoreless waters, with promise of future genesis.

The ink has well-nigh evaporated in this torrid heat, and the pen dries in my nerveless fingers. Already my space has been exceeded, while I have only begun reviewing the incidents and men of but a single morning. I had purposed noting the drift of ideas at that Homœopathic Mecca. I should have essayed to speak a few sober words in behalf of medical common-sense. But let it pass. Forever, shall it be? — or some other day. Indeed, there is need for every man being honest with the profession, at this time, and especially with himself. We are seeking to discover whether we are heading for false lights, or out at sea. I imagine that, at least, there was never less need of a panic, or of a surrender.

The glacier of medical thought is slowly, fatefully moving in its appointed direction. Fragments, erratic, break from the general

drift, alarming little cantons of physicians, but only to melt in a pool of oblivion. Noisier than the silently resistless parent-mass, their impetuosity betrays the lack of weight and power. Shall a little more racket and precipitation ever make this simile appropriate to Homœopathy? It is not the season for wearing the mantle of a prophet. Our objective point is humanity,—that at least is safe, for it has the safe-conduct of destiny. And now I am going, like Diogenes, “*to seek a man*”! Adieu.

SOCIETIES AND INSTITUTIONS.

NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

THE above-named Society held its twenty-sixth annual meeting in Concord, on Wednesday, June 19, and was quite fully attended from all parts of the State; the chair being occupied by the President of the Society, Dr. J. H. Gallinger, of Concord.

The records of the last meeting were read and approved, after which, Drs. George W. Flagg, of Keene, and Charles I. Lane, of Concord, were admitted to membership.

The Committee on Clinical Medicine, Epidemics, Surgery, Materia Medica, Obstetrics, and Gynæcology, made reports which elicited interesting discussions, participated in by a large number of members.

The President's Address was next given, the title of which was “Reciprocal Needs—The Medical Profession *vs.* The People.” It was a clear and concise discussion of the much-talked of medical law, the position taken being, that it was not in any fair sense oppressive or unjust; that it simply protected the people from a class of impostors and quacks from outside of the State, destitute alike of education and honor, and who, when permitted to invade the State, swindled the sick by false pretences; that if the legal profession could rightfully claim protection from unqualified and irresponsible members, surely the medical profession, in whose hands were the dearest interests and fondest hopes of our homes, should also be shielded by law. He denied that the bill was in the interests of the physicians, claiming that the more quacks there are in any community the more business is there for the legitimate profession to

do, as the former, as a rule, make more sickness than they cure; and expressed the hope that the desperate attempt now being made, through the potency of the money and influence of the quacks of Boston and New York, to repeal the law, may fail, as he believed it would. Another reciprocal need was, the establishment of a State Board of Health, for which Dr. Gallinger earnestly pleaded. In this matter no man can say the profession is selfish, as the establishment of such a Board would inevitably lessen epidemics of various kinds, and thus injure rather than benefit the profession. But the medical profession is a benevolent and humane profession, ever mindful of the needs of the people, and the Legislature will act wisely in giving to the people of the State a law creating a State Board of Health. In conclusion, Dr. Gallinger congratulated the Society on the fact that in New Hampshire at least, the bitterness that once existed between the different schools of medicine was fast disappearing, and that the time is not far distant when education, skill, and morality will be the test applied to physicians of the various schools, the matter of therapeutics being held in abeyance, and the false standards that once prevailed, will be swept out of sight by the force of enlightened opinion and enlarged views.

The thanks of the Society were voted to the President for his Address.

Dr. N. R. Morse, of Salem, Mass., delegate from the Massachusetts Society, was presented, and made a brief address, after which the Society adjourned to the Phœnix Hotel for dinner.

AFTERNOON SESSION.

Dr. Gallinger, who was appointed last year a committee to represent the Society before the Legislature in opposition to the repeal of the medical law, made report of his efforts in that direction, and he was continued as their committee for the present year, being instructed to do all in his power in opposition to repeal.

The election of officers being in order, the following were chosen:

President—Dr. T. E. Sanger, of Littleton.

Vice-President—Dr. W. H. W. Hinds, of Milford.

Secretary and Treasurer—Dr. J. C. Moore, of Lake Village.

Councillors—Drs. C. S. Collins, of Nashua, and A. D. Smith, of Manchester.

Censors—Drs. J. H. Gallinger, of Concord, T. E. Sanger, of Littleton, D. F. Moore, of Lake Village, D. L. Jones, of Lancaster, and W. C. Welch, Jr., of Manchester.

The Treasurer's Report was read, showing balance on hand of \$64.25.

After the appointment of committees, delegates to the several societies, etc., the Society adjourned, to meet in the city of Concord on the third Wednesday of June, 1879.

HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK.—*President*, Wm. Gulick, M.D., Watkins; *Vice-Presidents*, A. R. Wright, M.D., Buffalo, W. M. L. Fiske, M.D., Brooklyn, A. P. Throop, M.D., Poughkeepsie; *Recording Secretary*, Alfred K. Hills, M.D., 33 West 23d St., New York; *Corresponding Secretary*, H. L. Waldo, M.D., West Troy; *Treasurer*, E. S. Coburn, M.D., Troy.

CENSORS. — *Northern District*, Drs. Brown, Little, and Clark; *Southern District*, Drs. Hasbrouck, Demarest, and Talcott; *Middle District*, Drs. Doane, Terry, and Hawley; *Western District*, Drs. W. B. Kenyon, Charles Sumner, and Osborne.

Semi-annual Meeting in Middletown, September 17th and 18th, 1878.

Annual Meeting in Albany, second Tuesday in February, 1879.

Vol. XIV. TRANS. is now in press, and those desiring copies at \$1.00 each, must remit *at once* to the Treasurer, as the edition is limited.

Terms for back volumes may be obtained of the Treasurer.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner Third Avenue and Twenty-Third Street. — *Report for the month ending July 1, 1878* : —

Number of Prescriptions	.	.	.	.	3,291
“ “ new Patients	.	.	.	.	372
“ “ Patients resident in the Hospital					45
Average daily Attendance	.	.	.	.	132
Largest “ “	.	.	.	.	178

J. H. BUFFUM, M.D., *Resident Surgeon*.

BOOKS AND PAMPHLETS.

ENCYCLOPÆDIA OF PURE MATERIA MEDICA. Vol. VII. Edited by
TIMOTHY F. ALLEN. Boericke & Tafel.

THE seventh volume of this great work is already at hand, and fully sustains the high rank which the preceding ones have conquered for themselves from a somewhat reluctant public. The editor and publishers are in all respects true to their promises, and even in the matter of promptness of publication are performing wonders, as only those know who have an idea of the details of great service publications.

The present volume embraces the medicinal substances found alphabetically from Nicolinum to Plumbago, and includes such polychrests as *Nitric Acid*, *Nux vomica*, *Phosphoric Acid*, *Phosphorus*, etc., besides many substances of which but little is known. These latter, however, have been selected with judgment and care, and are hereby raised from utter obscurity to a position in which they may be turned to account and further developed.

The objection has been raised that it is going beyond the legitimate limits even of an encyclopædic work, to attempt to give a permanent place in our Materia Medica to substances of which we know no characteristic effects; of which no provings exist that are worthy of the name; or which have not shown themselves empirically to possess curative effects in one or the other morbid condition. But we conceive it to be no part of the editor's duty, in the present state of our therapeutic knowledge, to even try to draw the line between full provings and imperfect ones; between characteristic effects and those of a general nature, or between curative symptoms and purely physiological ones. He is called upon to collect and present to the profession all known or reasonably presumable reactions of the organism, produced by natural substances, which, by a slight and warrantable stretching of the term, may be classed as *drugs*. With these reactions or symptoms placed before us in a perspicuous form, together with the sources from which they have been obtained, we are enabled, at once, to apply substances hitherto practically beyond our reach, to the most varied, unusual, and explicable in morbid phenomena, with greatly improved chances of a beneficial result. A moment's reflection will show that without the known effects of plants, as relatively

insignificant as sweet marjoram, the common bean, phallus, etc., the work would be wholly imperfect, and that even such "drugs" as *Oplia*, *Cimex*, and *Periculus*, must be admitted if it can be shown that the organism responds to their action in a manner peculiar to themselves. The objections to these latter, and similar unæsthetic substances, have been so fully answered, that no further occasion exists for discussing the matter; and in the same spirit in which evidence accepts purely everything presented objectively by nature, however loathsome and repulsive to the uninquiring mind, it looks upon nothing as too trivial for its scrutiny.

It is growing more and more plain as the work advances, and as those who possess it are growing familiar with its plan and details, that it is destined for years to come to serve two great purposes; the one practical, by making, as we have repeatedly pointed out, an enormous mass of invaluable, therapeutic agents accessible and available to the practitioner; the other scientific, by tracing our therapeutic knowledge to its sources, and analyzing, classifying, and arranging it as an indispensable preparation for further research, experiment, and observation.

The first-named purpose will be most materially furthered, if the offer of the editor and publishers is promptly accepted by subscribers, to bring out an index to the whole work, by which reference to all symptoms would be greatly facilitated. This appears to us so logical and necessary a sequel to the publication, that we append the publishers' circular for the benefit of those of our readers who may require a further stimulus to aid them in recognizing the importance and usefulness of this work.

AN INDEX TO THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA. — At the urgent request of many physicians, Dr. T. F. Allen has promised to undertake the arduous task of compiling an index or symptom register to his *Encyclopædia*, thus rendering available in practice the valuable material collected in that great work.

It is believed that by avoiding detail and repetition a complete and ready reference to all the symptoms may be made in one volume.

A fragmentary example is herewith presented, comprising nearly all of the symptoms of micturition and urine of the *first half of the third volume*.

Dr. Allen has the promise of assistance of several physicians taking interest in the speedy completion of the repertory.

Repertories, with their complicated arrangement and different kinds of type, are the *bête noir* of the printer, who increases charges in accordance.

It is supposed that about one thousand pages will contain the whole, and if this surmise be correct, the cost would not exceed ten dollars. However, a definite price cannot be made in advance.

Owing to the great expense of this work, it will not be taken in hand unless five hundred (500) *bona fide* subscribers be obtained by the time the eighth volume of the *Encyclopædia* is issued. If that number of subscriptions is obtained, the *Index* will be proceeded with, and will probably be finished within a few months after the last volume of the *Encyclopædia* has been issued.

Subscriptions should be addressed to Boericke & Tafel, Philadelphia or New York.

ANATOMY, DESCRIPTIVE AND SURGICAL. By HENRY GRAY, F. R. S. WITH ADDITIONS MEDICAL AND SURGICAL. By LUTHER HOLDEN, F.R.C.S. New American, from the eighth English Edition. Philadelphia: Henry C. Lea: 1878.

FOWNE'S MANUAL OF CHEMISTRY. Theoretical and Practical. Revised and corrected by HENRY WATTS, B. A. F. R. S. New American, from the twelfth English Edition. Edited by ROLT BRIDGES, M.D. Philadelphia: Henry C. Lea. 1878.

WE have received from Dr. Geo. H. Wellman a copy of "A Concise Epitome of Cutaneous Diseases," and also a "Chart of Poisons." We have no hesitation in recommending them to the profession as being of great value. The arrangement of the Epitome is most excellent, being divided into genera, and each genus into classes. The Epitome has been compiled from the works of the best writers on the subject. The Chart contains a list of the most common poisons, their symptoms and treatment. Dr. Wellman, who is well known to many physicians in this vicinity, as having formerly been connected with the Homœopathic Hospital, is the publisher of both works. Dr. W. has been obliged to retire temporarily from active practice, on account of ill health. His address is No. 12 Cornhill, Boston.

ITEMS AND EXTRACTS.

CLINICAL CONTRIBUTIONS TO THE LOCALIZATION OF CEREBRAL TUMORS.—Petrina gives us 23 observations; 7 tumors of the convexity; 3 of the anterior lobes; 1 of the vertical lobe; 3 of the hemispheric ganglia; 1 of the posterior lobe; 2 of the base of the brain; 3 of the pons; 3 of the base of the brain, with lesion of the cerebellum.

1. The tumors of the convexity give us the clinical picture of cortical affections. In the first case the patient suffered for three years from frontal headache and hemi-epilepsy, with at first transient, then lasting paralysis. Difficult mobility of the tongue, paresis of the facialis oris, aphasia, contraction in flexion of the upper and paralysis of the lower extremities were the chief symptoms. A sarcoma of the size of a chestnut was found between the flattened middle frontal convolutions, the anterior central convolution, and the so-called third convolution. The second case ran its course in six weeks, without headache, with aphasia and progressive paralysis of the right side of the body. The upper extremity was in strong, the lower in less contraction in flexion. A thyxoglioma of the size of an orange was found in the left frontal lobe, bordering on the softened middle portion of the anterior central convolution and on the softened convolution of Broca. The third case lasted five months, with dull headache. Symptoms were hemi-epileptic fits, aphasia, paralysis of the arm, paresis of the leg, without facial paralysis. A fibroglioma of the size of a fist, of the left vertical lobe, was imbedded between the central convolutions, pressing them asunder, and dislocating the ganglia. In the fourth case the patient suffered for weeks from severe headache in the left temporal region, and had two apoplectic fits. After the second, the right side of the face and the right extremities remained paralyzed, also trismus and dilatation of the right pupil. A glioma of the size of an apple of the left vertical lobe, with softening around it, compression of the central convolutions of the island, and dislocation of the great ganglia. The disease ran its course in about three months. The fifth case began with an apoplectic fit, accompanied by twitching in the right arm. Patient remained for a few hours speechless, followed by complete paralysis of the right arm, paresis of the leg and of the facialis. No headache. Death after seven weeks, with meningeal symptoms simultaneously with phthisis. A few

lines from the upper margin of the hemisphere was a tubercle of the size of a walnut. Tuberculosis meningealis and pulmonum. Case six showed left-sided convulsions, appearing with undisturbed consciousness and having a transient weakness. Intercurrently there was a paroxysm of unconsciousness, lasting for several hours. Paralysis of the leg. A tumor of the size of a bean was imbedded between the central convolutions in their upper third. A second one, of the size of a plum (both sarcomata of the dura), with softened surroundings, was above the præcuneus. He lived four months. In the seventh case lassitude and sensation of numbness began in the left lower, then in the upper extremity, with slight vertigo. These manifestations remained stationary for about two years. Then clonic spasms of the left arm set in with perfect consciousness, followed by transient paresis, and after a while extending to the face and lower extremity. Frontal headache, severe vertigo, dimness of the left eye, loss of sensibility on the left side followed, finally painful contractions of the left extremities. The disease lasted three years. Autopsy revealed a glioma of the size of an apple in the right vertical lobe with compression and softening of the two upper thirds of the anterior central convolution, and a small cyst in the left thalamus opticus. Petrina emphasizes as characteristic that the convulsions were always limited to solitary groups of muscles with consciousness undisturbed. He fully believes that certain regions of the cerebral surface exist where irritation passes off with partial convulsions and contractions, and whose partial or total destruction causes manifestations of circumscript paralysis, whereas complete hemiplegia or extensive palsies are never observed in tumors of the convexity, but the lesion of the medullary mass is more deeply seated, reaching mostly to the great ganglia. According to his view, disturbances of motility limited to solitary groups of muscles, hint directly to the region of the central convolutions. In relation to the different centres themselves, he agrees with the data given by Hitzig in relation to the brain of apes.

2. The tumors of the anterior lobes manifest themselves by severe frontal headache, vertigo, vomiting, paresis, and diminution of the intellectual sphere. His eighth case led in four months to total blindness *cum stagnatione papillæ*. The eyelid twitched steadily, oscillation of the bulbus was present, and gradually a weakness of the right arm and facial paresis developed itself, also difficult hearing in the left ear. Death after ten months. A glioma of the size of a fist in the left anterior lobe. In the ninth case, which showed strong

psychical disturbance, and with which stagnation of the papillæ was also combined, the gait was tottering, as if he were unconsciously, but powerfully, drawn backward to the right, facial paresis and chorea-like, automatic movements of the right arm, finally contraction of both elbow-joints. Urine transiently diabetic. A large glioma, emanating from the septum, laid in the medullary portion of both anterior lobes with compression of the ganglia. It ran its course in six weeks. The symptoms of the tenth case were epilepsy, weakness of the right arm, perfect paralysis of the right leg for the last three years. No facial palsy. It was a cholesteatoma of the size of a fist at the base between both anterior lobes.

3. Case eleventh was a tumor of the vertical lobe. With frontal headache and several apoplectic fits; right-sided paralysis and aphasia developed itself. Trismus, and convulsions of the right facialis and of the right arm were observed, with clear consciousness. Death after six months. Myxoglioma of the size of an orange on the left vertical lobe, corresponding to the region of the lobulus, with compression of the lower part of the central convolutions, of the island and of the left-sided ganglia. The organs of the senses here were intact, nor were there any sensory disturbances.

4. Cases 12 to 14 are tumors of the hemispheric ganglia, showing a combination of hemi-plegia, with rapidly appearing blindness (case 13, atrophy of the optic nerve), or disturbances of the muscles of the eye, as ptosis, strabismus divergens, nystagmus. Autopsy revealed a spiral-cellular sarcoma of the size of an orange in the right temporal lobe, passing over into the great ganglia and coaffection of the posterior portion of the internal capsule; a glioma of the size of a fist in the left anterior lobe, a tubercle of the size of a hazel-nut in the external portion of the left thalamus opticus, with some small ones in the right half of the pons varoli. All three cases caused a lesion of the thalamus opticus and certain remarkable vasomotory disturbances, namely, considerable oscillations in temperature, or a very low one, and high-graded cyanosis of the extremities and of the face. Petrina considers such vasomotory disturbances characteristic for tumors of the thalamus.

5. Case 15, a glioma of the size of a lemon in the right posterior lobe, with compression of the right thalamus, showed dilatation of the right pupil with absence of reaction to light, although visual power was perfectly intact.

6. Cases 16 and 17 are tumors at the base in the region of the hypophyses, characterized by excessive sleepiness. Bulimy existed

in the 16th case. Contractions of the left extremity are caused by a contusion of the right gyrus fornicatus. In the 17th case there was an abnormal position of the head to the right and downwards.

7. Cases 18, 19, and 20, tumors of the pons. In the first two cases there were small infiltrated foci, tubercles. In the tumors at the base of the brain with lesion of the cerebellum (21 to 23) there was hard hearing and nervous ophthalmia, and in case 22 hemi-plegia and facial paralysis of the same side, hinting to an affection of the pons.—(*Prager Vierteljahrschrift*, 133 and 134.)—*N.A. Jour. Hom.*

ABORTIVE TREATMENT OF FURUNCULUS.—Dr. Lieven observed, at the Petersburg Medical Society (*Petersburg Med. Woch.*, Dec. 29), that all modes of treatment hitherto tried (such as early incision, cauterizing, and cold or warm applications) have failed to arrest the further development of furunculus that has once commenced. The following procedure, however, brings it to a stand: A burning, pricking, itching, suddenly occurring in a normal portion of the skin, announces the commencement of the development of the furunculus, and on the same day a small and quite superficial induration can be felt at the spot. If the skin be now superficially scraped with a small knife, so that a drop or two of blood may be pressed through the epidermis, no furunculus will be developed. This result would seem to show that the affection originates in the uppermost layer of the corium, and perhaps in the capillaries of the papillæ, and not, as hitherto received, in the subcutaneous connective tissue, with succeeding necrosis of the corium and epidermis. Disturbance of the digestive organs (frequently diarrhoea) always precedes or accompanies furunculus; but a plethoric or decrepit constitution is no necessary condition, as it may occur in one that is quite normal.—*Med. Times and Gazette*, Jan. 19, 1878.

LACTOPETINE.—This preparation, which has the merit of being considerably cheaper than the best kinds of Pepsin, has been found by actual experiment to possess a decided and uniform solvent power, greater, weight by weight, than Pepsin as usually prescribed. It is a combination of Pepsin, Sugar of Milk, Pancreatine, Ptyalin, and Lactic and Hydrochloric Acids. We have administered Lactopeptine in a number of cases where Pepsin was indicated, and have been fully satisfied with the result.—*New York Medical Journal*, Feb., 1878.

AN EXPERIMENT ON THE DISINFECTION OF ENTERIC EXCRETA.—Dr. J. Dougall, proceeding on a statement made in the report of the Medical Officer of the Privy Council, determined to test the disinfecting power of Condyl's fluid, or a solution of the permanganate of potash, on enteric excreta. The statement in the report is, that when permanganate of potash is used to disinfect a virulent fluid containing much organic matter, or any compounds capable of decomposing the permanganate, there is no security for the effectual fulfilment of disinfection short of the presence of undecomposed permanganate in the liquid, after all chemical action had time to subside. Dr. Dougall conducted his experiment as follows: To a newly passed, characteristic, ochrey-colored, enteric stool, quantity unknown, a portion of a known quantity of Condyl's fluid was added. The mixture was then stirred and set aside for a short time, and when the pink color had changed to brown, more of the fluid was added, and the process repeated till the pink color was found permanent after the lapse of twelve hours; in other words, chemical action in the mixture had subsided, as indicated by the presence of the undecomposed, pinkish, permanganate liquid. A simple calculation showed that one ounce of enteric fæces had de-oxidized not less than ten ounces of Condyl's liquid. He experimented in the same manner with a fluid ounce of enteric urine, with the result that one ounce of the urine de-oxidized at least two ounces of Condyl's liquid. Dr. Dougall then observes, that supposing a typhoid patient passing twelve ounces of fæcal matter, and twenty ounces of urine, during each twenty-four hours, say for a week, and supposing the Condyl's liquid, sold to the public in eight-ounce bottles at one shilling each, is used, it follows that 280 ounces of Condyl's liquid are required to oxidize or disinfect the week's urine, which, at one shilling per eight ounces, amounts to £1 15s., and that 840 ounces are required to oxidize or disinfect the week's fæces, which at one shilling per eight ounces amounts to £5 5s., in all £7 per week, or at the rate of £364 per annum. Supposing a hospital with thirty enteric patients on an average constantly under treatment: on these data, it would take £10,920 worth of Condyl's fluid to disinfect their yearly excretions.—*British Medical Journal*, March 16, 1878.

SUCCESSFUL CASE OF TRANSFUSION.—At the meeting of the Dublin Obstetrical Society, held on the 12th January, 1878, Dr. McClintock reported a case of transfusion performed with success. The lady was taken in labor at 9 A.M. At 2 P.M. Dr. McClintock saw her. The

case was one of abnormal presentation, and a leg presented. The child was dead, but had not long been so. Serious hemorrhage had set in early. She was then senseless and pulseless, and had had two slight convulsive seizures. The child and placenta were easily extracted, and there was no more hemorrhage. On learning that the child was dead, she became prostrate, and never spoke for several hours afterwards. Dry linen was at once placed next her, warm jars to her feet, and stimulants administered. The uterus contracted tolerably well. She got brandy both by the mouth and rectum, and heat was applied all over the surface of the body. The trunk and lower limbs were elevated, and the head kept very low; in addition hypodermic injections of sulphuric ether were administered, which appeared to impart a momentary increase of strength and vitality. She remained in this state for five or six hours, fluctuating between life and death. It was then thought that the only chance that remained to her was the operation of transfusion, and a message was despatched to Dr. Robert McDonnell to come with the necessary apparatus. He reached the patient's bedside about eleven o'clock; that is, nine hours after she had been delivered, her condition being such as just described. Blood was at once obtained from the patient's husband, defibrinated, and injected into the arm without difficulty, except that owing to the extremely anæmic state of the body, it was not easy, even after the integuments had been divided, to distinguish a vein. However, this difficulty was successfully overcome, and about ten ounces of defibrinated blood injected into the right arm. The patient was apparently quite insensible, and offered no resistance to the operation, by jactitation or in any other way. While the blood was being injected into the arm, a careful note of the pulse at the wrist was kept; and after a few ounces had been injected, a slight improvement in the condition of the pulse was discovered. Nothing untoward occurred during the operation; and after the blood had been all injected, the arm was bound up, her pulse being then somewhat further improved, and in the course of a few hours subsequently decided indications of reaction began to show themselves, and at the end of twelve hours the restoration was complete. From that time forward nothing could go on better or more satisfactorily than her convalescence in every respect.—*Dublin Journal of Medical Science*, March, 1878.

PARASITES IN THE LUNGS OF VARIOLOUS PATIENTS.—By N. Iwanowsky. (*Centralblatt für med. Wissenschaft.*)—Among 14 au-

topsies of small-pox patients made during the past three years, the author found little vomicæ, about the size of a pea, occupying principally the inferior lobes. In the centre of the exudation, with which these cavities were filled, very minute globules were found, which were best seen after treating the morbid mass with acetic acid. The spherical bodies themselves were indifferent to all re-agents except iodine, which colored them dark red or blue. These the author regards as accumulations from low vegetations; colonies of micrococcus identical with those that Cohn, Hallier, Klebs, and Weigers have found in lymph skin and viscera of small-pox patients. The lesion present is due to the reaction of the pulmonary tissue on the parasites. Its presence in the alveolus, and not in the tissue proper, would lead one to suspect infection through the channels of respiration.

TREATMENT OF ANEURISM OF THE AORTA BY ELECTRO-PUNCTURE.—At the meeting of the Paris Société de Thérapeutique, on March 13th, M. Dujardin-Beaumetz stated that this method of treatment was becoming general in France. Since last July the operation has been performed three times; on two patients in M. Potain's wards, and on a patient of M. Ball's. A very marked improvement was obtained by this method in all the cases. The aneurisms were all of the thoracic aorta—two were seated at the origin of the aorta, and formed sacs occupying the left side of the thorax; a third was situated at the dorsal region, and originated in the descending portion of the arch of the aorta; in the latter case the tumor was the cause of paraplegia. Five applications were made at intervals of three weeks, and produced a diminution in the paraplegia, and a great lessening of the pulsations. These aneurisms were not accompanied by any cardiac change. The method of operation was the same in all the cases; positive currents only were used on the needles inserted in the tumor, the negative pole being applied on the thigh. M. Dujardin-Beaumetz is inclined to believe that electricity acts here by setting up inflammation in the sac rather than by directly bringing on coagulation of the albumen and fibrin. He thus explains the tardy setting in of improvement, which only comes on from a week to a fortnight after the application of electricity. Summing up the facts known up to the present time, M. Dujardin-Beaumetz is of opinion that, taking the harmlessness of electro-puncture into consideration, this plan should take its place in ordinary therapeutics, and that it is the best of all treatments recommended up to the present time; he, however,

acknowledges that ice and iodide of potassium must first be tried. Ice applied externally also acts by setting up inflammation in the sac, and not by directly coagulating the blood; it has, in fact, been demonstrated that cold retards coagulation of the blood. Iodide of potassium administered internally is the only remedy which has afforded certain cures. At the same meeting, M. Paul stated that he had recently seen a case of aneurism of the brachiocephalic artery in a syphilitic patient, which was cured by the use of iodide of potassium. M. Edouard Labbé also pointed out that M. Potain had observed an analogous case. M. Bucquoy also mentioned that he had seen two cases of very remarkable improvement in aneurism of the aorta, by the use of iodide of potassium and ice.—*Brit. Med. Journal*.

DEAFNESS IN BRIGHT'S DISEASE.—Dr. Dieulafoy calls attention to the fact that deafness in various degrees is a much more frequent phenomenon in Bright's Disease than the few allusions made to it by writers on this affection would lead us to suppose. Since he has paid attention to the subject, he has found various affections of the ear prevail (from complete deafness to mere impairment of the sense of hearing, or the noises in the ear) in fifteen out of thirty-seven cases of chronic or acute nephritis that have come under his notice; as to the forms of Bright's Disease to which these troubles of audition chiefly belong, before this can be determined many more cases with autopsies will have to be observed; but at all events, no form of the disease is exempt from such accompaniment, which may occur at any stage of the disease, although, while sometimes preceding other symptoms, it most frequently does so at an advanced period of it. Generally these disturbances of audition are temporary, lasting for days or weeks, when they may diminish or disappear, to reappear at a future time. In only one of the cases observed did the deafness become permanent. These disturbances of hearing may sometimes prove useful in determining a difficult diagnosis.—*Medical Times and Gazette*.

PROPORTION OF PHYSICIANS TO THE POPULATION.

<i>Country.</i>	<i>Population.</i>	<i>No. of Physicians.</i>	<i>Proportion.</i>
United States,	44,874,814	62,383	1 in 600
France,	36,100,000	19,952	1 in 1,814
Great Britain,	32,412,010	19,585	1 in 1,672
Germany,	41,060,695	13,686	1 in 3,000
Austria,	35,904,435	14,301	1 in 2,500
Canada,	3,575,577	2,998	1 in 1,193

THE PHYSIOLOGICAL ACTION OF GLYCERINE.—We drew attention some time ago to some interesting and important experiments made by M. Catillion upon the physiological and therapeutic action of glycerine (*MONTHLY ABSTRACT*, June, 1877, p. 241). It will be remembered that he found that glycerine caused a considerable diminution in the excretion of urea, a rise of temperature, and, when continuously employed, an increase of weight. He proved, too, that it was entirely absorbed, unless given in very large quantity, when a small proportion escaped by the urine, and that it could not be found as such in the blood. Hence he concluded that it served as a supporter of combustion, and saved the waste both of the fatty and nitrogenous tissues, this explaining the increase of weight, diminution of urea excretion, and rise of temperature. But he did not show at the time, by direct experiment, that the products of combustion, in the shape of carbonic acid and water excreted by the lungs, were proportionally increased, which they should be if this view were correct, and this he has now done by further experiments, recently communicated to the *Société de Biologie*, which were made in M. Vulpian's laboratory. He found, by experiments on dogs, that the percentage of carbonic acid in the breath was notably increased by administration of glycerine, and that not only did it augment with increase of dose, but this augmentation lasted longer the larger the dose. The increase of carbonic acid began to show itself about an hour after taking the glycerine, reaching its maximum in three or four hours, and lasting from five to ten hours. And not only was the percentage in the expired air increased, but the total quantity was also greatly increased, so that nearly all the carbon contained in the glycerine was accounted for in the carbonic acid. This result seemed to be attained by an increase in the amplitude of the respiration, their number containing the same; but it was not proved that this increased amplitude became greater with a larger dose. It was proved, too, that where disease of the lungs, such as pneumonia, or emphysema, existed, there was still the increase of carbonic acid. A very important point, also noted by M. Catillion, is that the transformation of the glycerine into water and carbonic acid seems to be direct, no intermediate oxidation product, such as glyceric, formic, or oxalic acids, being discovered in the blood. — *Lancet*, March 2, 1878.

A RIVAL TO CARBOLIC ACID.—Prof. Volkmann, of Halle, who has achieved such brilliant results with the use of Lister's method in surgery, has adopted the new antiseptic, thymol, in his clinics. His

assistant, Dr. Ranke, reports fifty-nine operations in which thymol was used in place of carbolic acid, with strikingly good results. These operations included several amputations,—of the leg, arm, breast, and foot; four excisions of the elbow; a gun-shot wound of the knee-joint; a secondary amputation of the thigh; an excision of the hip, one of the shoulder, etc. The results obtained thus far in the major operations show that, under thymol, the secretion is much less, and the rate of healing much quicker, than when carbolic acid is used. Thymol has the advantage of being innocuous and almost non-irritant, and of not causing the least anæsthesia of the skin. The solution used consisted of thymol 1 gramme, alcohol 10, glycerine 20, and water 1,000 grammes. The much greater expense of thymol is counterbalanced, Dr. Ranke maintains, by the smaller quantity required, and the fewer bandages needed. — *Bi-Weekly*.

STRAPPING IN ACUTE PLEURISY, as recommended by Dr. Gleason (*Medical Times and Gazette*, March 16, page 297), has, after a trial in Philadelphia, been long since adopted there as a regular practice. It seems unaccountable that it should not have been noticed in the text-books, since it is, as Dr. Gleason avers, a valuable means of treatment, affording marked relief to the patient, and evidently conducing to early convalescence. It was first employed, twelve years since, by Prof. Biddle, of Jefferson College, in a case of empyema, giving great relief, and for nearly six years he has largely and advantageously used it in all stages of pleurisy. He has mentioned the practice with approval in the last three editions of his *Materia Medica*. In severe cases he carries the adhesive strips completely round the thorax, so as to control the movements of the walls of the chest, and compel the patient to carry on respiration by the diaphragm and abdominal muscles. The strapping is not meant to exclude any other means of treatment, but merely to serve as an adjunct.—*Boston Med. and Surg. Journal*, February 28.

PALLIATION TREATMENT IN CARCINOMA-UTERI.—Dr. Wagner recommends (*Correspondenz-Blatt fuer Schweizer Aerzte*, April, 1878), in cases too advanced for operation, the use of carbolic acid spray (6-8 per cent.) to the part daily, as an anæsthetic; it also seems to diminish tissue necrosis and secretion, and modifies or removes entirely the fetid odor. An advantage over narcotics is, it does not derange the digestion. Expose the part well with the speculum, spray all parts of the ulcer until the tissue turns pale.—*Maryland Medical Journal*.

TREATMENT OF EPULIS BY ELECTROLYSIS.—At a late meeting of the Clinical Society, Mr. Nunn read some notes of cases of epulis treated by electrolysis. He remarked that this mode of treatment was peculiarly applicable to such cases, as they present considerable difficulties to ordinary operative proceedings, and the hemorrhage that follows is often considerable. The first case was that of a lady, in whom a sensitive and vascular growth, the size of half a walnut, prevented the adaptation of artificial teeth. The patient declining any operation by the knife, the electrolytic treatment was carried out. There were about twenty sittings; six or three cells were used. The tendency to bleed diminished with the progress of the treatment. The pain caused by the current was in proportion to the number of cells employed; it was unbearable when bone or periosteum were touched by the needles, and it ceased immediately on their withdrawal. An injection of chloride of zinc produced intense pain and subsequent irritation. The patient was enabled to wear artificial teeth after the treatment. Mr. Nunn reported three other cases. He advocates electrolysis in these cases mainly on the grounds of its painlessness, ready applicability, and freedom from hemorrhage. The cells employed contained manganous oxide and iron, chloride of ammonium being the exciting fluid. The electrodes should be of glided steel, or of platinum.—*Lancet*, April 20, 1878.

AN IMPROVED ANÆSTHETIC.—Dr. George Wachsmuth recommends (*Deutsche med. Wochenschrift*) for an easier, pleasanter, and less dangerous anæsthesia, the addition to chloroform of one-fifth its bulk of ol. terebinth. The latter acts as a refrigerant to the lungs, and thus prevents their paralysis, increases their capacity, and volatilizes the chloroform, facilitating its diffusion. For the patient it is quite pleasant, and for the physician speedy and safe.—*St. Petersburger med. — Wochenschrift*.

PERSONAL.

GEO. H. PAYNE, M.D., has removed from 25 E. Concord Street to 1508 Washington Street, Boston.

F. L. RADCLIFFE, M.D., has removed from Brooklyn, N. Y., to 32 Nahant Street, Lynn, Mass., succeeding Dr. Geo. S. Woodman.

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VOL. XIII.

*A NEW TREATMENT OF THE PERITONEAL CAVITY
AFTER OVARIOTOMY, PREVENTIVE OF SEPTI-
CÆMIA AND PERITONITIS; WITH A NEW
METHOD OF SECURING THE PEDICLE.*

BY H. M. JERNEGAN, M.D.

Read before the Mass. Surgical and Gynæcological Society.

EXCEPTING the immediate accidents attending the operation of ovariectomy, the principal sources of mortality are to be found in Septicæmia and Peritonitis. Whatever procedure, therefore, will reduce the mortality from these sources to the minimum will be hailed with delight, both by the operator and the patient. It is my purpose, to-day, to call the attention of the Society to a new departure in the treatment of the peritoneal cavity and the pedicle, which I have had the privilege of instituting, but little over one year ago, in the treatment of a case of most unfavorable aspect, with the most happy result; and which, since, I have had an opportunity of testing in four successive cases, all of which, though not selected, have made unusually rapid and satisfactory recoveries.

This departure from the old method of treating the abdominal cavity, I believe, will prevent both septicæmia and peritonitis, and shorten by some days the period through which the patient must be carried before she is considered out of danger. I will therefore endeavor, as briefly as possible, to point out the main causes of septicæmia and peritonitis, and to explain how I believe treatment of the abdominal cavity is preventive thereof.

When a cyst has been removed from the peritoneal

cavity, there may remain, deep down in the pelvis, bloody fluid which the sponge does not remove, or which, entangled in the folds of the intestines, does not gravitate until after the incision is closed, and therefore is not noticed; or this fluid may come from passive hemorrhage having its seat along the tract of the wound, when the peritoneal membrane is not enclosed by the stitches; or from points where adhesions have been torn away, as is most frequently the case, the bleeding sometimes amounting to several ounces, and not supervening until reaction has been established. Again, pus may find its way into the pelvic cavity, from the granulating spots upon the peritoneum, where adhesions have been separated; or along the pedicle, when secured externally; or from the inner surface of the incision, when the sutures have not approximated the peritoneal edges. Now, the presence of either or both of these fluids in any save an exceedingly small quantity, is quite sure to produce, by irritation, peritonitis; or, by decomposition, fatal septicæmia.

Peaslie, in his very excellent work, "Ovarian Tumors," relates a number of cases where septicæmia was produced by this fluid, and where he resorted to the use of intraperitoneal injections to save the patients.

T. Spencer Wells refers to this source of septicæmia, and advised, and has put in practice, the introduction of the drainage tube through a puncture in the posterior cul-de-sac, where its presence could be detected; while again, autopsies have revealed—where death has resulted from septic poisoning—the presence of decomposed fluids in the peritoneal cavity. Being convinced, therefore, that septicæmia did arise from the presence of decomposing fluids in the closed cavity, I was led to consider some means of preventing this accumulation, or, if this could not be done, of at least rendering it more bland, and non-irritating, and at the same time to provide some way for its removal. The various methods of drainage, through the vagina, etc., did not seem to fully answer the purpose, but I was forcibly impressed with Prof. Peaslie's intraperitoneal injections for the removal

of decomposed fluids when septicæmia had been declared, and I became convinced that, could such a measure be adopted at once after the operation, and continued for some days, or until all hemorrhage and formation of pus had ceased, that the number of deaths from septic poisoning would be lessened, and I therefore resorted to the following procedure : —

Immediately after the removal of the tumor from its attachments, any clots that may have accumulated at the most dependent portion of the peritoneal cavity, or that lie between the convolutions of the small intestines, are removed by the hand, and no sponge is used in the abdominal cavity.

An ordinary fountain-syringe, having a No. 10 or 12 English gum catheter attached to the extremity of the hose, is now filled with carbolized water (one part to one hundred), at the temperature of 100°, and, while an assistant elevates the syringe, to any height desired, the operator introduces the catheter to the bottom of the pelvic cavity behind the uterus, and, opening the valve, permits the fluid to run. As the cavity becomes filled, there is an overflow, which is caught by basins, in the hands of other assistants, and the injection continued until the fluid ejected runs clear, or nearly so. The position of the catheter is changed, from time to time, so as to cleanse beneath the omentum — between the convolutions of intestines, etc. The wound is now closed with carbolized silk, save about one inch and a half, nearest the symphysis, which is to be left for drainage. Through this opening the catheter is to be again introduced, and the cavity filled to overflowing, when a tent is to be introduced and a compress placed over it, which in turn is secured by a broad and long piece of adhesive plaster, thus hermetically sealing the abdominal cavity, now full of carbolized fluid.

The plasters should now be applied to support the parietes, and the patient laid upon the bed, on which the bandage has previously been arranged for adjustment. A flannel compress, wrung from warm, carbolized water, is next placed over the abdomen and covered with rub-

ber tissue, over which the bandage is brought and pinned. This compress the nurse has instructions to change every two or three hours for the first day.

The following morning all dressings are removed, and the peritoneal cavity syringed, as the day previous, the flow being continued until the return is clear, or nearly so, when the dressings are adjusted as at first.

Thus day by day is this cleansing process resorted to until all hemorrhage and formation of pus have ceased, as evinced by the character of the fluid returned, when the injection is stopped; always, however, leaving the cavity filled with carbolized water. In the meantime, the internal opening has contracted, and will generally close entirely in twenty-four or thirty-six hours, and it is only necessary to introduce a small tent between the external lips of the wound, and dress as before. The last fluid may contain less acid than at first, and although during the first twenty-four hours, when the tent should be changed a number of times, some of the fluid may escape, yet the greatest part will be disposed of by absorption.

The external wound now heals by granulation. Occasionally the injection causes pain, which has seemed to me to be wind-colic, and has always subsided at once on the administration of a teaspoonful of brandy and a little hot water. In adopting this method of treating the cavity, some disposition had to be made of the pedicle other than the securing of it externally, and after weighing the advantages of the various methods of the leading operators, I concluded to try a combination of two, both of which had been tested at different times, and had not inspired such confidence as to cause their general adoption, —I refer to ligation with carbolized catgut, as one method, and severing the pedicle with the galvano-cautery, as the other.

These two combined seemed to me to present a desideratum, securing the vessels of the pedicle permanently and surely, and permitting of the stump being returned within the abdominal cavity, free from traction, and offering no point for the entanglement of intestines.

Where the catgut is applied alone, there exists the danger of softening and loosening of the ligature, and consequent slipping of the same. Where the galvanocautery severs the pedicle without some permanent stricture, as a ligature beneath the point cut, the wire is covered with the flowing blood, and the heat is not sufficient to coagulate deep enough to prevent a recurrence of hemorrhage in certain cases. If, however, the double ligature of catgut is made to transfix the pedicle, and, after a thorough twisting, to prevent a separation of the tissues, is tied properly, so as to arrest circulation, and then the wire made to cut through above this, at a white heat, which is always possible, coagulation of the stump is produced to such a depth that, should the ligature in a few hours slip, even this cannot be attended with hemorrhage. In addition to the peritonitis, set up by the presence of irritating fluids, inflammation may occur from the violence done to that membrane during the operation, and this liability is further increased by the sudden removal of intraperitoneal pressure, exerted by the tumor while *in situ*, thus permitting the abdominal vessels to become suddenly filled with blood, as reaction is established.

The fluid injected and retained within the peritoneal cavity takes the place of the cyst contents to some extent, and serves to exert a beneficial pressure upon the vessels, while the acid, by its anæsthetic property, tends to allay the irritability of the surrounding parts. Adhesions, which otherwise might be speedily established, I believe to be prevented also by the presence of the fluid injected.

The treatment in other respects does not differ from that adopted by other surgeons, and the only point to which I shall refer is that of nourishment. I always order two ounces of beef tea injected per rectum every four hours, for the first twenty-four or thirty-six hours, and if exhaustion is manifested, a little brandy is to be added, and nothing but the medicine and cracked ice is to be given by the mouth, until danger of vomiting has passed.

I now submit to your consideration four cases operated

during the last year. *Case III.* (the first of this series), having been reported at the last June meeting of this Society.

Case IV.—Miss Annie H., aged 43, medium height, and in good flesh, but digestion much disturbed; abdomen prominent, and four points of elevation could be seen and felt over the abdomen, corresponding to as many divisions of a multilocular ovarian cyst; fluctuation in each well marked; uterus movable, and all evidences of ovarian cystic disease manifest. Enlargement had been present for three years to some extent, and had been steadily increasing. November 6th, in the presence of Drs. Woodbury, Baker, Houghton, Payne, Hedenberg, Sherman, and Whiting, the operation was performed, and a multilocular cyst of the ovary, weighing twenty-five pounds, was removed. The adhesions, which were quite extensive, but mostly parietal, were readily separated, only one point of attachment to a convolution of the small intestines causing any delay. The pedicle was secured by the method already explained, the cavity cleansed, and the wound closed and dressed, as has been my custom. The patient rallied well from the ether, passed a very comfortable night, though without much sleep, and the following morning I found her pulse 140; temperature, 101; no pain; abdomen some sore; urine voided (per catheter) well; skin and tongue in good condition. From this time on the pulse and temperature steadily declined, until the normal standard was reached. The injection of the cavity was continued six days, and the only disturbance was caused by the tympanitis, which at times was considerable, but yielded promptly to *Carbo. veg.* This patient left her bed at the commencement of the third week, and made a very rapid recovery.

Case V.—Miss Hannah C., aged 40, had suffered from enlargement of the abdomen about one year. I saw this patient, with her physician, Dr. F. A. Warner, of Lowell, one week before the operation, and after aspirating some of the fluid, diagnosed Multilocular Ovarian Cyst of Right Ovary. On the fifth of March (1878), at her home,

in Lowell, in the presence of Drs. Warner, Hunter, Leland, and —, of Lowell, Houghton and Payne, of Boston, and Bennett, of Fitchburg, the minor incision was made, and the cyst tapped. No adhesions being met with, the pedicle was secured as usual, and the tumor removed. On examination, the left ovary was found involved, and this was likewise removed, the whole weighing about 22 pounds. The usual method of cleansing and dressing was adopted, and the patient put to bed. The first night was passed very quietly, and the following morning the pulse stood at 100, and temperature, 100°. The patient seemed to dread the introduction of the catheter into the abdomen; and although no pain was experienced, she passed into a semi-conscious state—breathing and the pulse remaining normal—and although she moved slightly, could not, or did not, at least, speak. From this she rallied in a short time; but on the following day went through the same performance, but without the supervening of any unpleasant symptoms. After this, as no adhesion existed, and the returned fluid was clean, the injection was stopped, and the patient, without any interruption, made a quick recovery. In this case, some nausea and vomiting, though never alarming, followed her into the third day. The temperature reached 102.5°, and the pulse 120 beats per minute; but all unpleasant symptoms yielded quickly to the remedy prescribed, and no uneasiness was felt. The after treatment was ably conducted by her physician, Dr. F. A. Warner, of Lowell.

Case VI.—Eliza V—, aged 32, had suffered for several years from what had been pronounced uterine fibroids, and had been thought incurable. The tumor could be felt through the abdominal walls, and seemed very hard; was movable with the uterus—intimately connected with it, evidently—and had all the appearance of a fibroid growth.

As she was very anxious for an operation, I consented to make the attempt, believing that an explanatory incision would make the diagnosis clear, but informed her that it might be necessary to extirpate the uterus, and

that the operation would then be exceedingly dangerous. As she yet remained of the same mind, preparations were made, and May 13th, at her home, in Malden, in the presence of the following medical gentlemen, the operation was performed :—Drs. Houghton and Willis, of Charlestown ; Drs. Payne, Baker, Houghton, Tobey, and Bartlett, of Boston ; Dr. Gallison, of Brookline, and Dr. Bartlett, of Chicopee.

The incision extended from the umbilicus to near the pubes, and, as no hemorrhage interrupted, was quickly made. On opening the peritoneum, a cyst was found, apparently attached to the uterus, and adherent to the parietes to some extent. After separating the attachments to the peritoneum, a more careful examination disclosed a cystic tumor of the ovary, of about 12 pounds' weight, with an exceedingly short pedicle, resting upon, and adherent to, the right corner of the uterus, and thus accounted for the uniformity of their motions. In breaking down the adhesions the tumor became partially enucleated, and, as no hemorrhage resulted, this process was continued, and the tumor removed. The left ovary was, on examination, found to be involved, and although not much enlarged, was removed by the cautery, after ligating with the catgut.

The cleansing and dressings were performed as usual, and reaction was rapid and sure. She passed a rather restless night, but the following morning was doing well, the pulse being 120, and the temperature 99°. In this case, neither the temperature nor the pulse ran very high, and no unfavorable symptoms appeared. Tympanitis gave her more annoyance than usual, and vomiting continued at intervals into the third day. Her recovery has been rapid, and she is sitting up. Dr. H. A. Houghton, of Charlestown, has ably conducted the after-treatment.

Case VII.—Mrs. Henry W——, aged 49 years, has borne children, and always been well. About one year ago was taken sick with some pelvic trouble, and has been enlarging since. About three weeks before the operation I examined her, with her physician, Dr. Cushing, of Lynn, and, aspirating, drew away some two quarts

of ovarian fluid, the color of coffee. Diagnosis,—Multilocular Tumor of the Right Ovary.

May 17th, in the presence of Drs. Cushing, Flanders, and Brown, of Lynn; Baker, of Boston; Gallison, of Brookline; Cate, of Salem; Whiting, of Danvers; Whittier, of Fitchburg, and Stowe, of Fall River, the operation was made, and a multilocular tumor, of about 30 pounds' weight, removed from the right side. The adhesions were parietal, and readily separated. The pedicle divided as usual, and the peritoneal cavity thoroughly cleansed. Dressings were applied as usual, and reaction was prompt. The first night was passed very comfortably, and the following morning the pulse stood at 100; the temperature, 100°, and the general condition good.

The temperature reached 102°.5, and the pulse 140, for but one day only. Vomiting continued for several days, at intervals, but was not excessive. The menses made their appearance the third day, and were ushered in by considerable pain and nervousness. No bad symptoms appeared. The injection was continued four days, and then discontinued. At this time the wound has closed, save the lower opening, left for drainage, and this is only superficial. Her digestion is improving; fever gone, and the patient sitting up.

Dr. A. M. Cushing has tended this case zealously and faithfully.

Case III.—Miss H——, since the above writing, has died; and, as the case may prove of interest to others than those immediately interested in her sickness, I will append a brief report.

Early in April, she visited this city, on her way to Brooklyn, N. Y., where she contemplated spending the summer with some friends. I called on her, and found, to all appearances, that she was in perfect health, and she expressed as much. Shortly after her arrival at Brooklyn, she complained of soreness about the urethra, and soon discovered a breach at that point upon the vaginal wall. Pains of a neuralgic character now made their appearance through the liver, and up and down that side, from the scapula to the ilium, attended by slight, dry cough, and great prostration.

She reached here on the 3d of May, and was under my care until her death. I found a growth the size of the half of an egg (cut through its long diameter) in the vagina, commencing near the orifice of the urethra, and extending back. This was painful to touch, but otherwise not productive of suffering, and did not change after I first saw her. Her great pain was in her side; and, on examination, the liver was found enlarged, and the ninth and tenth ribs were found involved in an infiltration, evidently extending from the liver. This was quite noticeable, and the side could be seen to bulge at that point, and was very hard to the touch. Diagnosis,—Carcinoma of the Liver. Dr. J. H. Woodbury, shortly after, saw the case in consultation, and verified the above diagnosis. The case passed through the usual phases, and died on the 20th of June, and an autopsy was held on the same day by Dr. Geo. H. Payne, in the presence of a number of the medical profession, a report of which is appended.

It is interesting to note that the pelvic organs were healthy, and that no trace of the catgut could be found; that no adhesions existed at any point, and with difficulty could any evidence of an operation be detected, so perfect had been the repair of nature.

AN AUTOPSY

Made upon the body of Miss Harmon, June 20th, four hours after death, in the presence of Drs. Woodbury, Jernegan, Houghton, Phillips, Baker, Potter, and White, gave the following results:

Anterior portion of the body sallow. *Rigor mortis* well marked. Upon opening the abdominal cavity, found the liver enlarged and highly congested, and containing a large carcinomatous growth of the encephaloid variety, of a whitish color when cut. It was adherent, and, bulging out between the intercostal spaces, produced quite an enlargement externally below the breast.

At the inferior portion of the stomach, around the pyloric orifice, was a large amount of the cancerous deposit. The other abdominal organs were normal, it being remarkable that there were no adhesions at or near the seat of the operation.

In the thoracic cavity was a pint or more of serum, the right lung

being filled with a tubercular mass, upon the point of breaking down. The pelvic organs were in a healthy and normal condition, there being no trace of the pedicle or ligature of carbolized catgut used at the operation.

GEO. H. PAYNE.

PSEUDO-PREGNANCY.

(“Pseudo-Cyesis.”—*Simpson.*)

BY S. E. SYLVESTER, M.D., PORTLAND, ME.

I WAS engaged to attend Mrs. F——, Primipara, age about forty, on the 15th of May last, that being the precise time of her expected confinement. The evening of the 16th of May I was called by her husband, who came for me in considerable haste, informing me that his wife required my immediate attention. Upon my arrival at the bedside, I found Mrs. F—— placed in bed in the usual obstetric position by her attendant, an experienced nurse, all the usual preparations being made. I observed that she was having pains regularly, about every five minutes, and of a very decided “bearing-down” nature. I was informed by the midwife that the “waters had broken,” and the condition of the bed-clothing confirmed the fact that quite a quantity of fluid had escaped.

Upon examination, per vaginam, I found the parts in a very tense, unyielding condition, not at all lubricated by the natural secretion. With some difficulty I succeeded in introducing the index-finger, which came in contact with an undilated os. The patient being in an extremely irritable condition, the examination was very unsatisfactory.

External palpation was next resorted to, and the abdomen found to be very much distended and tense, and in the left iliac region there was a hard, well-defined tumor of the average size of the foetal head at term. At this stage of my investigation, I was not very positive in regard to my diagnosis; and not having seen the woman during her supposed gestation, nor, indeed, at all, pro-

fessionally, I questioned her in regard to her general health, especially for the few months past.

During the ten years of her married life her health had been comparatively good, suffering some of late with "nervous troubles." She is a woman of large frame, fleshy, and rather florid complexion. Has had for several years a strong desire for children.

Very soon after the time when she supposed she became pregnant, she began to have the attendant symptoms, cessation of menses, morning sickness, etc. Upon very close inquiry, I found she had had a discharge of blood from the vagina two or three times during the nine months past, the last occurring but ten days before.

For the last two or three months, declares she has felt the motion of the child — has felt it even since my arrival.

I now determined to administer *Ether* to my patient, in order to more fully and conveniently investigate the interesting case before me. This I soon proceeded to do, the pains still continuing with regularity and considerable violence, until she was fully under the influence of the *Ether*. The pains then ceased wholly, and quite an amount of gas was discharged from the bowels. I now proceeded to make a vaginal examination, and found the neck of the womb not at all diminished in length, and the os not in the least dilatated.

Placing my hand upon the abdomen, I now found it quite *flat and flabby*, about in the normal condition, with the exception of the tumor in left iliac region. I now felt sure of my diagnosis. During the twelve hours following, a large amount of foecal matter was evacuated from the bowels, and said tumor entirely disappeared, and my patient made a rapid recovery. This is a disease described by Prof. Simpson, which he calls "Pseudo-Cyesis," and is of an essentially hysterical character.

PARAFFINE SOAP.

BY J. H. WOODBURY, M.D.

DURING the past winter a specimen of this article was left with me for trial, by the proprietor, Mr. C. Toppan. He said that very gratifying results had been obtained by its use as a gargle in diphtheria, tonsillitis, catarrh, and other diseases of the mucous membrane of the throat and mouth.

Having under treatment several very obstinate cases of chronic vaginitis and cervicitis, with copious discharges, I determined to test its efficiency in this new sphere. The first case in which I applied it was one of chronic cervicitis, of long standing. The os was patulous and everted, and the epithelium eroded from over nearly the entire vaginal portion of the cervix. The patient, a lady, aged thirty, and mother of two children, had been a sufferer for five years from this trouble, and had been under the care of many physicians, both in this country and in Europe. She had all the usual symptoms found in cases of this sort, but suffered especially from a dragging sensation in the pelvis and thighs, with inability to walk but a short distance, and also from dysmenorrhœa. The discharge was very copious, gelatinous, and often blood-stained. The local application of glycerine, both simple and in combination with hydrastis, iodine, and various other substances, previous to coming to Boston, had been of but very little service, as also had been the previous use of astringents and caustics, by an Allopathic specialist, in New York. She had been for a long time under Homœopathic treatment, in New York and Philadelphia, but without benefit. I made a tolerably strong solution of the soap, in tepid water, introduced a cylindrical speculum, so as to include the cervix, and filled it half full of the solution, and thus treated the diseased parts to a bath for at least ten minutes, the patient lying on her back meanwhile. This was repeated every day, for twelve days. After four days, the signs of improvement were so marked as to encourage us to

persevere in its use. At the end of twelve days, when the treatment was interrupted by illness in the patient's family, there was very decided improvement. The discharge had almost ceased, the abrasions had nearly healed, and the eversion, and also the calibre of the cervical canal, had very much diminished. The pain was now very slight, and the patient able to walk a quarter of a mile to my office daily, without inconvenience. It was our intention to resume the treatment as soon as possible, and the patient took away, on her departure, a quantity of the soap, to use in solution as an injection during her absence.

At the end of six weeks, she wrote for another supply of the soap, and again, a month later, to say that she was so well that further treatment would be unnecessary.

I used it in several other cases, as mentioned above, with nearly uniformly good results. Also in a case of carcinoma of the cervix, with the effect of greatly lessening the odor, and, the patient said, of mitigating the pain also. In several cases of offensive ozoena, and otorrhœa, its use was followed by very gratifying results, in diminishing, and, in some instances, entirely removing the discharge. During the summer I have used it in several cases of chronic cervicitis, by applying it in substance, in the form of suppositories, to the diseased tissues, with uniformly good results.

Dr. D. B. Whittier, of Fitchburg, writes me that he has used it with success in similar cases, and says: "It clearly seems to me, that this preparation promises, in the future, to do very much for the cure of what, in the past, has given such heart-rending trouble and dismay."

Dr. Bennett, of Fitchburg, reports that he has used it with "splendid results in suppurative inflammation of the middle ear;" and that "it is the best solvent of the cerumen" he has ever used; and "also an excellent wash for leucorrhœa."

I am aware that the limited use already made of this article is insufficient either to determine its value, or the scope of its usefulness; but hope, by bringing it to the at-

tention of the profession, to enlist their efforts in the study of what I believe promises to be a valuable agent in the treatment of many very obstinate and intractable diseases. For the convenience of those who may wish to procure this article, I would say, that it is for sale by OTIS CLAPP & SON, who report a constantly increasing demand for it from many of our best physicians.

ACTIVITY OF THE OVARIAN FUNCTION, WITH TOTAL ABSENCE OF MENSTRUATION.—By Siredey and De Sintèy. (*Annales de Gynecologie.*)—The authors publish two new cases, which add to the numerous observations already made, showing the independence of the uterus and the ovaries relative to their development and their physiological function.

In the first case, a woman succumbed at the age of 38 to the progress of Pulmonary Consumption. From the age of 12 she had each month lumbar pains, headache, and leucorrhœa, but never a flow of menstrual blood. At the autopsy the uterus was found to be much enlarged, and presented a chronic inflammation at the same time. But the interesting feature of this case is the fact the ovaries offered the signs of their normal activity; numerous cicatrices of different monthly periods, also natural follicles, some containing ovules. Therefore in this case ovulation was performed without menstruation.

The second case was that of a woman 25 years old, who had never been regular—at the end of each month she had lumbar and hypogastric pains, sometimes headache, and even nausea, vomiting and diarrhœa. By direct examination the uterine sound could be introduced but a short distance. An ulceration of the neck existed also. In both cases inflammation was present, which was probably the cause of the non-performance of menstruation.

THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, SEPTEMBER, 1878.

OUR attention has been called to an article in a recent issue of the *Boston Medical and Surgical Journal*, which gives some reasons why the Massachusetts Medical Society refuses to admit "exclusives" into its ranks. The author says: "The obstacles between us and them are briefly these: (1) Their lack of sincerity. (2) The impossibility of assimilation. (3) Because we are so broad in our principles that we cannot admit a man who believes in a 'pathy, an 'ism, or a special theory."

The particular 'pathy which inspires the pen of this able correspondent is, of course, Homœopathy, since none of the others have proved such formidable rivals. In the elaboration of the three reasons mentioned above, such extraordinary statements are made, that it may not be out of place to examine them somewhat in detail.

Under the first head—Lack of Sincerity—the writer says: "It is possible to imagine a very small (I should not dare say how small) percentage of Homœopaths who sincerely believe in unadulterated Hahnemannism. . . . There remains the large percentage who fly two sets of colors. They call themselves Homœopaths — they use our medicines in our doses, and consequently, when the patient's condition demands an actual remedy, they do not trust to Homœopathy."

We think we have quoted enough to furnish us with a text on which to found quite a discourse, if our space would permit; let a few words suffice. In the first place, we should really like to know what idea the writer connects with the words "unadulterated Hahnemannism."

We have often taken occasion, in these pages, to insist that the essential points of Hahnemann's teaching are these: First, the law that drugs are capable of curing symptoms similar to those they are known to produce in the healthy human organism; second, that, in order to accomplish this object *tuto, cito et jucunde*, the dose must be small enough to avoid producing an aggravation; third, the repetition of the dose must be regulated by the exigencies of each individual case.

So much "unadulterated Hahnemannism" every Homœopathist

subscribes to and follows in his practice. The minor points in Hahnemann's teaching are not essential to Homœopathy. Contrary to his statement, the percentage of those "who fly two sets of colors" is exceedingly small. He has probably heard of some Homœopathist who has been guilty of the enormous crime of prescribing a dose of opium to palliate and relieve the agony of some fellow-mortal. In doing so the Homœopath acts according to the principles of humanity, but he does not content himself with this, but is at the same time endeavoring, with his remedies, to remove the *cause* of the agony, something which the "regular" never does.

The remark that the most of us use the old school remedies is true in a measure, but that we prescribe them in old school doses is unqualifiedly false.

The second obstacle, the impossibility of assimilation, is no reason why Homœopathists should be debarred from membership in the Massachusetts Medical Society, if they wish to enjoy that privilege. A man who has been a member of the old school for years, is none the less a physician, if, in the course of time, he gives his adherence to any special law of therapeutics, that most important of all branches of medical science; he certainly has done nothing in enlarging and broadening his resources as a physician, which should require him to give up his membership in any society.

The beauty of the whole affair is, that we don't wish to assimilate, and don't wish to join the Society; the only question is, as to what is justice.

The third obstacle—"We are too broad in our principles to admit an 'ism, or a 'pathy"—is the most ridiculous thing of all. Under this head the writer says: "Every medical school but ours has a dogma. We have none. We are called 'Allopathists.' When applied to us, the very meaning of this term convicts it of untruth. It would confine us to a strait and narrow way. But our field is like the ocean; it is trackless. We use every favoring wind of heaven. The Homœopathists, and all other 'pathists—if *honest*—must sail a given course." Now that sounds well in a speech, and looks pretty well on paper, from one standpoint,—that of the writer; without changing the phraseology in a single particular, it fits the case exactly from our standpoint too, so that there is, after all, one thing in which members of the two schools agree unanimously. Their "field is like the ocean" in being absolutely "trackless," and they are like the unfortunate mariners who have lost chart and compass, and are blown hither and thither by every "wind of heaven." The Homœopathist,

on the other hand, "sails a given course," knows the port he wishes to reach, has a chart, compass, and all the other instruments necessary to enable him to find the most direct way over the (to the old school) trackless ocean.

According to our writer, the doctrine *similia similibus curantur* "has been proved to be pure emptiness."

This is the kind of assertion which all the old school writers make, and the arguments they bring up in support are just as weak and foolish as those employed by our able friend in the *Boston Medical and Surgical Journal*. If our law had been half as empty and imperfect as is their knowledge of the subject they attempt to discuss, it had long since died a natural death.

We prefer to stand at a distance in silent admiration of the "broad principles" of the old school, rather than to have a share in their lofty sentiments.

THE Homœopathic physicians of Boston and the immediate vicinity are earnestly requested to send such charity obstetrical cases as they may know of, to the College Dispensary. Ample arrangements have been made by which such cases will receive the best of care and attention.

CORRECTION.—On page 340 of the GAZETTE (August number), line 17, read "ounces," instead of "drachms."

SOCIETIES AND INSTITUTIONS.

ANNUAL ADDRESS.

BY D. B. WHITTIER, M.D., FITCHBURG, MASS.

Delivered before the Massachusetts Homœopathic Medical Society.

THE PROFESSIONAL USES OF OUR MEDICAL IGNORANCE.

THIS is a subject at once practical and far-reaching in its bearings.

There is a wide difference between what we know and what we ought to know. It is not for us to assert that what we know is all that is to be known, or to show superciliousness of manner because we belong to a school of medicine which has wide and beneficial results. Our claims to position and influence must have legitimate premises; must be founded on facts and experiences, else they cannot be properly maintained. My purpose at this time is to proceed with fairness, and take such an attitude as shall be for the best interests of the Medical Art, though some of the statements may not be in accordance with what some may think is an infallible therapeutic law.

Information bearing on my subject will be adduced, and facts gathered from eminent medical sources will be presented for our clearer and better understanding. All our theories are subjected to tests, and unless they are built upon that which is solid, they will be summarily rejected.

If they are the embodiments of truth, they will be accepted as helps, and accorded their proper place amid the classified forms of fact.

The student of medicine, in his preparatory work, finds himself enveloped in fog and uncertainty, by reason of the conflicting and disturbing statements of different authors, forgetting the fact that no one man knows all the relations and ramifications of the subject he treats. If the student were to be confined to books to gain a knowledge of the Medical Art, he would frequently find himself at a loss how to proceed under various circumstances, and a feeling of sadness would often take possession of him in view of the discrepancies of authors. When, however, he places himself under the teachings of the professional lecturer, his sadness gives way to joy, as he listens to the speaker's positive utterances concerning the well-defined work

of the physician, and his insured success in managing disease. The therapeutical lecturer is sometimes charged with dwelling upon worn-out theories and antique hobbies, at the expense of information needed by the student of to-day in dealing with disease. The learner is often assured, when disturbing forces are at work in the system, that a little *Aconite*, or *Chamomile*, or *Pulsatilla* is sufficient to produce harmonious relations! The student needs to be warned not to expect too much of the so-called remedies, until he has enlarged his knowledge of therapeutics and drug selections, and submitted the medicines to clinical tests. The remedy that will subdue a disease is a question, first, of experiment; thus, therapeutics is largely dependent on experience. The statements frequently made by the lecturer and author, and the actual experience of the practitioner, are sometimes in antagonism, and thus serious questions are started as to the truth of the declarations so positively made. It is a trying time, when the young physician, who has learned a therapeutical rule and accepted the theory of prescribing adopted by the profession, finds that certain remedies, which ought plainly to effect favorable results, fail to cure. Many of the failures are, doubtless, due to his inadequate knowledge of disease, the different diagnosis, and the impossibility of always securing reliable drugs. Many others are to be attributed to imperfect provings and to a still more imperfect arrangement, and to the want of a thorough acquaintance with that part of pathogenesis which is clearly detailed, as also to other causes which might be named. When no two persons proving a drug give the same account of it, when there are ascribed to it numberless imaginary qualities, what can prevent our *Materia Medica* from being an elaborate compilation of statements, the deceptive character of which must inevitably lead the student into perplexing and false ways, unless the pathogenetic surgeon, whose previous knowledge of drug action qualifies him for the task, is called upon to perform the necessary work of amputation, excision, enucleation, and to dress up the remaining portion of the record to a degree of truthfulness. Ordinarily the capital derived from what we call "proving" is far from satisfactory. Something more is required by the physician when called upon to draw a picture of a disease from disjointed and fancifully arranged drug symptoms, whose classification has no relationship to organs, tissues, or the fluids of the body.

New physiological and pathological developments show also the necessity of substituting new theories for old ones. We scarcely become comfortably settled in our views in reference to certainly phy-

siological, cerebral, or nervous functions, when Dr. Brown-Sequard, or some other scientist of repute, presents the results of his recent investigations, and our highly-esteemed opinions, founded, as we supposed, in the highest wisdom, are scattered to the winds, and our minds are left in a strange perplexity. Dr. Sequard has not been so foolishly consistent as to cling to his old opinions after receiving fuller and clearer knowledge. He is ready to declare that the views in his special line which he has so long held, are "quite wrong," and supports his new statements by physiological experiments and pathological data. Consider also that in the record of clinical cases, much confusion is caused by inexactness in the delineation. The delineator is too apt to present the points which help his position, and to blink at those which tell against him. Human nature asserts itself in every profession, trade, and business. Let the delineator try ever so hard to be fair, his logical faculty may be small or poorly cultivated, and hence his observations will not result in right conclusions.

A prominent editor, referring to clinical reports, has lately said:—"We know of a young physician whose youthful face was far from likely to invite the confidence of women, who reported, during the first year of his practice, a very large number of cases of Prolapsed Uterus, the prolapsus verified by digital examination in every case, all of which were cured by *Lilium Tigrinum*, the cures being verified by examination. There is no marvel in this statement, neither that a young graduate should have so many of such cases, nor that he should cure them with a single remedy, when it is taken into consideration that he simply lied."

Such clinics do not impose on the experienced physician, but such reports, so willingly published by some editors, are believed by many physicians who do not take the trouble to discriminate between what is true and what is false.

The age of the practitioner is not always proof that the reported clinic is correct, since in our profession, as in others, are found those whose reported experience is a studied display and perversion of facts, often so ingeniously disguised as to hoodwink for a time.

Again, we are apt to attribute every cure to the effects of the drugs taken, forgetting other factors in the case. We are to remember the self-limited diseases, the many cases where it is impossible to tell whether a favorable result is due to medicine, or something else; also the change of diet, the benefits of hygiene, the influence of the mind, or *all* these combined. Our professional experience has determined beyond controversy that a proper knowledge of dietetics is as essen-

tial in the treatment of certain diseases, as that of the *Materia Medica*. The physician who does not pay attention to the food of his patients, is not fully equipped for his combat with disease, as often the only remedy needed is simply a dietetic one. Even abstinence from certain articles of food, in many cases, remedies the difficulty. The frequent and insidious attacks of disease of those overtaxed physically and mentally; the large number of diseases which require enforced recumbent or postural treatment; the inroads made upon the vital energies by the various modes of social life; the irregularities of work, and the dissipation so common, which prevents sufficient rest, show that repose is just as necessary as the drug for the cure of patients in certain conditions. Nature is ever on the alert to guard her interests, to repel the invasion of disease, and to treat as an intruder anything which tends to create functional or structural disturbance. The physician must take into account the importance of character in his dealings with the sick, as also the important element termed faith. Laugh as much as we may at the demands of faith, it is, nevertheless, an important factor in the successful treatment of disease. Our limited knowledge of *its* workings, as well as the workings of drugs, which have been our great dependence, should at least cause us to withhold sarcasm and the jeer, until we have examined its results in a few of the many departments of life.

Let us proceed to name a few more points which prove our medical knowledge to be limited, when most we should think it ought to be extensive. We are taught that in order to comply with the requirements of our school, and to become successful healers, it is necessary that the *Simile* be found in the totality of the symptoms. Now, reported cases and private practice will show that the *Simile* is often obtained by inferential reasoning, and by a hundred fanciful ways, and also that it often inheres in causes which are antecedent to, and quite distinct from, the symptoms given. It is recognized in a deranged physiological condition; in a pathological state; in the disease forming a part of the atmosphere; in a locality as where the symptoms first appear, or are prominently localized; the surroundings of the patient; the temperament; a "globular pulse;" an idiosyncrasy, or a facial expression consisting of a distortion or a local color. It is recognized in the time of aggravation or amelioration of symptoms; in a supposition even, as when a drug is sent to bring a foreign body to the surface, as, for instance, a needle which lies buried in the deep tissues of the body (thus attempting to convert the drug into a mechanical agent), and also in those cases when an absence,

paucity, or presence of symptoms are covered by so large a number of *drugs* as to require a great amount of guessing in order to select a remedy. Then there are peculiar symptoms called "characteristics." If one or more occur in a list of symptoms, the one is or the few are relied upon, to the exclusion of all the rest, and thus, by a new and strange selection, the proper drug to be used is indicated. This certainly cannot be in conformity with the strictly scientific method. It is rather a "strategic method for antagonizing disease," and the practical use of this artifice, it would seem, depends largely upon the physician's education, ingenuity, or ignorance. Types of diseases and diseased conditions are constantly changing, and differences in individual cases are plainly indicated, which go to show that active agents, separate from drug influence, are at work, which are, or seem to be, curative. Another factor, which sometimes has an important relation to the success of treatment, lies in the proper use of the peculiar circumstances in which a patient is placed. His mental, nervous, and pathological conditions, with others by which he may be environed, may prevent the physician from revealing to the sick one his true state. As a rule, when life and death are in the balances, it is *not* well to disclose to the patient his real condition, as composure of mind is an ally so greatly prized by the physician, that he will by all *proper* methods, either by silence or an undisturbed countenance, or the veiling of anxiety, contribute to it. He will make use of the courage, hopefulness, and self-reliant spirit of those he treats, and will strive to reach, through the mind, the bodies of those whose imagination is very vivid: Every honest physician would be compelled to say, if the truth were demanded, that patients have improved while using medicines which were afterwards found to have no similarity with the disease. A careful study of our medical journals would astonish the profession, by reason of the abundance of reported cases of disease said to be cured by certain drugs, which drugs, when tested by other physicians, do not produce the expected results. Indeed, at times all sorts of drugs are given to the sick, in all sorts of combinations, and in all sorts of doses, and with such seemingly favorable results as to cause learned and experienced physicians to adopt the esteemed remedies. Truly the healing art is debtor "both to the Greek and to the barbarian." Therefore, as Dr. Ludlam says, "to laud our law and our ability in the use of our remedies, as suitable to every case and to all conditions without exception, or to ignore the teachings of an accumulated clinical experience, and of

ordinary common sense in its application, is the very essence of quackery."

There are now, and always have been, many ways of healing the sick. When Nature has done the work, let us investigate her royal method; if the doctor has in any way contributed to the result, let him bring his offerings to a common altar where honest seekers may view them; that the prejudices of education, and the stupidity of men, may not stifle the spirit of inquiry. These thoughts and facts, selected from an abundance of material at our disposal, are not presented for the purpose of detracting from the efficiency of our medicines, or of casting reflections upon our law consistently applied, but are named that we may consider the uses of our limited knowledge, and even of those principles, rules, and laws, which have been gained by special study and careful investigation. We should consider that our habits, culture, temperaments, and surroundings are not the same. All cases should be fairly tested, and not be left to whim or prejudice, and credit should be given to whom credit is due. No Homœopath has a right to lay special claim to all remedies resulting favorably, as is so commonly the custom. We are not to be grasping, but generous, and should willingly admit that the gift of healing is not our prerogative only, but is likewise possessed in a degree by all pathies who have a proper knowledge of the healing art. The one who holds that all wisdom is confined to his school, discloses a vast amount of ignorance, of which little use can be made other than to serve as a warning to those who likewise narrow their intellectual horizon. Goethe (the most eminent representative of German culture and the ideal German student), Napoleon, and other great and gifted men whom we might name, were willing to gather materials from all sources, and then to put their stamp upon them. Webster once remarked that many representatives at Washington failed to become statesmen, because they remained village or ward politicians, and confined their gaze to their districts, instead of taking a broad look over the country. It is *our* province to take remedies and receive hints from every source, become broad-minded, and by the proper employ of all helps, to become successful physicians. By the study of our *Materia Medica*, we are enabled to suppose that a given drug ought to control a given set of symptoms, but it may not be so exactly similar as we expected, and the anticipated result is not accomplished, because other important factors are not ascertained and recognized as essential in the case. The mathematical certainty we are so free to assert in formulated statements regarding the application of our

principles, is too frequently found to be mere opinion. In conjunction with this phase of the examination, it may not be amiss to again draw from the experience of the profession, since it is claimed that only the wilfully ignorant attempt to controvert the doctrines entertained by our school. It will not be questioned, I apprehend, that the principle of similitude was the basis of operation in the cases of which the following is a recital: The standing these physicians have attained in our ranks does not warrant the inference that they are either ignorant or wilfully perverse, but when their recommendations are compared, the correspondence does not by any means reveal the much-desired unanimity. In a recent journal a physician asked of the profession a remedy for *Rhus* poisoning. The next number of the journal contained twenty-two replies obtained from practical experiments, sixteen of which were from Homœopathic, and six from Allopathic sources. Dr. H. says *Bry.* 30th or 200th never disappointed him in making a quick and radical cure, but *Croton Tig.* is nearly as good. Another Dr. H. says, *Nympha lutea*, *Nympha odorata*, and *Agaricus*. Dr. C. recommends *Bry.* 1 part to 10 or 20 of soft water externally, and the 3^d to 30th internally;—this has afforded him the most satisfactory results. Still another Dr. H. has for more than twenty years invariably prescribed *Ledum Palustre* in low potency, and believes it to be the true antidote, as all the symptoms will subside in twenty-four hours. Dr. R. has no other remedy than *Sanguinaria Canad.*, and is not aware that in a single instance it has failed to give prompt relief. Dr. V. has used *Arnica* with instant relief. Dr. G.'s experience is that *Verbena Hastata* will cure every case in the course of three days. A doctor from Long Island has no trouble in curing *Rhus* poisoning in two or three days with *Rhus tox.* 3^d internally, and a salt-water wash externally. Dr. Henry is confident that the remedy for all Homœopaths to use is *Bry.* 30 gtts. in 4 oz. water; two teaspoonfuls every two hours, and locally *Bry.* 4 drachms, to *Alcohol* 4 oz. Dr. McNeal has used *Graphites* 200th for five years, and has never been obliged to give anything else but once; this he learned from Dr. Dunham. Dr. Neidhard recommends a decoction of *Sassafras bush*; but the greatest relief was from *Protoxide of Mercury* in small doses externally and internally. Dr. M.'s ten years' experience induces him to believe that *Spirits of Nitre* is the best remedy, as it cures in twenty-four hours. Dr. S. says *Croton Tig.* 200 is the remedy, and has never failed him.

Continued gratifying success from *Allopathic* sources:

Dr. S. applies *Carbolic Acid*, 3 quarts, to 2 oz. *Glycerine* and *Dis-*

tilled water, 1 qt., with almost instant relief, and a cure in three days. Dr. W. uses a solution of *Hyposulphite of Soda*. Dr. J. has great success with *Bi-Carbonate of Soda*. Dr. C. uses the same, with *Fowler's Solution* internally; cures in three or four days. Dr. L. relieves by a solution of *Iod. Potassium*, but still better by *Soda Sulphate* 2 drs., *Chloral Hydrate* 1 dr., *Aqua*, 1 pint; cures in three or four days. Dr. G. recommends *Olive Oil* externally and internally. Observe that only two Homœopaths have found a *Simile* in the same remedy; the Allopaths have done as well.

To the mind of an observer, two questions would naturally arise regarding this record. Either the prescribers mistook the nature of the disease, and the effects of the remedies, or there is more than one *Similium*, which must either be true, or there must be an elasticity to the law sufficient to admit of the discrepancies that appear in practice. Truth never loses when properly tested, yet a good cause may be greatly injured by the strange practices of its friends. Every physician of experience is compelled frequently to deviate from the strict law of his school. If he denies this, he exposes himself to the charge of being dishonest to himself and cruel to his patients, since no one should allow human suffering to go unrelieved, simply because of a fear to abandon a rule for a time. Indeed the physician who is bent upon a cure, finds himself often working on the same plane with the Allopath, when he applies remedies in *post-partum* hemorrhages, accidents, perverted physiology, physiological obstructions, and in many other cases. It is not necessary to surrender our faith nor abandon our principles in using methods which may be for the best interests of our patients. In view of these facts, and many more which might be enumerated, the conscientious physician will not sit as a censor, or a harsh critic, to berate others as to school, attainments, or measures and methods. It has become almost a chronic habit with us to criticise members of our fraternity at every supposed failure to meet the requirements of a formula, or of pronounced opinions. Failures are unavoidable in the present state of our art. Our school has too often shown an opposition to every measure inaugurated by others for the public good, and has charged the allopathic school with selfishness, when it has put forth renewed efforts for the good of humanity. We should remember that this school is, so to speak, our foster-mother, and that by it, medical science has been greatly advanced; our own ranks have been increased from it, and many of our finest physicians have, by reason of their former experience in that school, been able to increase their efficiency among us.

Notwithstanding the benefits received by us, we still hurl violent denunciations at Allopathic measures, as though they were tainted, or rendered inefficacious by having received their sanction. But when the same weapons for combating disease, which we formerly thought were weak, come into our armory, they suddenly become beautiful and strong, as if some magic were used in the transforming work. Such medical legerdemain is neither science, art, nor honesty. If "like begets like," then we may be sure that intolerance will receive a vast increase. Is there no significance in the fact that recent developments plainly indicate that the discouragement to the use of our remedies by the Allopathic profession, is on account of a prejudice which seems to them would favor Homœopathic practitioners. So that the public opposition so manifest against the use of these remedies, depends more upon the company they keep than the character of the drug, the dose, or the law. A watchful and discriminating public, that has bestowed potent and precious benefits upon our school from its infancy to its present youth, that of a grateful recognition of our ability to cure, and accomplish it easily and quickly, will regard with like acknowledgment any school of medicine that can impress the popular mind with its ability to successfully restore to health. It is more this restoration to health that the human family desire, than the interpretation of vexatious medical doctrines, or an alliance with pathies. Therefore, let not an unnatural veneration for our law of cure betray us into the acceptance and promulgation of doctrines inconsistent with a practice which is the outgrowth of an experience based upon an intelligent observation and judgment, nor lay claim to results as successes of our school of medicine which cannot come within the range of the law that governs it. For a system cannot be more easily imperilled or destroyed than by the revealed inconsistencies and obviously mistaken application of its principles. What a reflection upon the intelligence, the medical attainments, and the character of those of other schools of medicine, who enter the ranks of an associate body of our school to ally their fortunes with us, to be inferentially classed, at least in a *post-facto* way, with the associates from whom they have just separated, as the "veriest pretenders," "ignorant quacks," who revel in mock science, "those who wear the livery of that old physiological hag," "charlatans," "empirics," "eclectics," "mongrels," "murderers," and like epithets! As if this were not enough, discredit must be constantly cast upon their treatment of the sick, unless it happens to agree with what is called crude Homœopathy; and yet they are received with open arms into

our ranks, with a gush of sentiment that gives the lie to the whole transaction. If ridicule and falsehood are unpalatable to us, we should be only too careful not to invite them, by showing *ourselves* ridiculous and untruthful.

To know a thing is to apprehend it by its cause, and understand it as it really is. And since science is that product of knowledge which is certain, and the appearances that pass current for it may be, and often are, fallacious and deceptive, novices should not be encouraged to luxuriate in the delineations of therapeutic problems, nor in the nice discriminations of the *Materia Medica*, for these pertain to, and should be the outgrowth of a ripe experience and a sound judgment. Let me again refer to some of the honest confessions of those in our school qualified to speak truthfully :

Writing on a specialty, Dr. Searls says, " The subjective eye symptoms recorded in our *Materia Medica* are probably as reliable as any of them, but the objective symptoms are of very little value, simply because, in most cases, they were observed by unreliable diagnosticians. You will find remedies noted as having produced and cured near and far sight, and may expect that they will cure these defects, but you will be disappointed. The non-existence in the *Materia Medica* of a similar for any, or what amounts to the same thing, our inability to discover it, either from our patients being too *young* or too *stupid* to tell us the symptoms with accuracy, or from the absence of any symptoms at all, certainly justifies us in resorting to any measures which promise a cure. While the diligent study of the *Materia Medica* is the plain duty of every one, there are those of us who have not the qualities of mind necessary to analyze the pathogenesis on record as others can. Some are young, and all the study possible to them, and all the meagre aid they obtain from their professors in this department, cannot give them a ripe therapeutical judgment. The necessity is upon us to heal the sick, and I still believe that the ripest scholar in our classics will fail to cure the largest number of diseases of the eye and ear, in the speediest way, who, under the existing state of things in our school, does not know, and at times make use of the great store of experience which has been accumulated in the more ancient school of medicine. In spite of our prejudices, it will not do to ignore allopathic measures in all cases."

What is true of a specialty is also true of therapeutics in general, for there is no one of us, who, if he will cast his own practice into the crucible, will not testify as a result to frequent disappointments after having " covered " his cases from a pathogenesis and

failed to cure. The frequent observations of physicians that they find cases which either present absolutely no subjective symptoms, or so few as to be almost valueless in diagnosing the remedy, give evidence that any benefit such cases may derive from our treatment must be based on objective principles or pathological conditions alone. But whatever may be the reasons for our inability to reach a *similimum*, it is true, according to the law, that in such cases our remedies will fail, if our principle does not admit of a liberal interpretation, and resort must, of necessity, be made to other remedial means, whether intentional or not, in order to secure a removal of diseased conditions. The following quotation furnishes an obvious though partial solution of the reasons why we suffer such defeat:—

“When the full spheres of our remedial agents have been developed, analyzed, and made comprehensible to the average mind; when the renal and alvine and other excretions of the provers have passed the review of the laboratory; when the symptoms of the eye and ear, nose and throat, and all other organs have been observed and defined by experts; and above all, when some method is devised by which our symptomatology shall accurately reflect the day-books of the provers, and not stand so detached as to resemble the scattered pieces of a puzzle, *then* will a day dawn in which diagnosis will be surely far less necessary than now. But by as much as we yet fall short of the true *similimum*, by so much we must certainly for the present, and presumably for a long time in the future, resort to other laws of cure, or to pure empiricism, or else helplessly folding our hands, stifle our consciences as we listen to that voice which will ever follow us in the cool of the day, saying, ‘Where is Abel, thy brother?’”

These few statements, made on a theme covering such broad ground, enable us to understand that all medical knowledge and skill are not centred in our school. It is not for us to feel that we know nothing in the line of our work; it is for us to feel that we do not know everything in reference to therapeutics. We should be willing to learn even from those we may consider our enemies, if they have anything which ought to be known by us. We should not maintain a haughty mien, or assert a haughty superiority over others, because we employ certain principles which have worked for the good of our fellow-men. We should know that there are professional uses to be made of our medical ignorance on many subjects. One important use is, that we may learn true humility. Emerson, in his “*Conduct of Life*,” tells

us, that "pretension is the foible especially of American youth." He goes on to say, "The mark of the man of the world is the absence of pretension; he does not make speed; he takes a low business tone, avoids all brag, is nobody, dresses plainly, promises not at all, performs much, speaks in monosyllables, *hugs his fact*."

Now, it is for us to know all we can, but we should not pretend to know what we are ignorant of. True humility is the mark of greatness. It has been told of Kepler, that after he had discovered some of the laws of the planetary motion, he said, "All I have been able to do was to read a few of the thoughts of God." And Isaac Newton, shortly before his death, is reported to have said what you have often heard, "I do not know what I may appear to the *world*, but to myself I seem to have been only like a boy playing on the sea-shore, and diverting myself in now and then finding a smoother pebble, or a prettier shell than ordinary, whilst the great ocean of truth lay all undiscovered before me."

Let us, in view of undiscovered and unknown realms of medical knowledge before us, learn that humility which permits us to recognize the right. In close connection with this thought, it occurs to me to say that modesty is a rare quality which should form part of a physician's medical outfit. Our medical ignorance on many subjects should at least teach us to be modest in our manner when speaking of those things we think we know well. Our early experiences in medical practice are remembered, and we, just as the young theologian or lawyer, asserted boldly, and we might say immoderately, what needed afterward to be greatly modified. I remember the remark of a French critic in reference to the praise bestowed on a celebrated writer by an admiring friend. The young man said, "the Eternal created Chateaubriand to be a guide to the universe." The critic remarked upon this judgment. "Clear it is, my best of young men, that you are only eighteen; let me hear what you have to say at forty." Let us wait for years of experience before we become bold, and in thus waiting we shall learn to be modest. Let us also, in view of the facts brought to view, learn that charity, which is kind; that forbearance, which permits us to suffer some things in others, because others suffer many insufferable things found in us. Thus shall a knowledge of our own imperfections, and a want of ultimate knowledge in our own special line, rightly used, lead us to learn many important lessons; lessons which will assist us to make earnest and constant endeavors to possess knowledge which shall be of benefit to us and the race.

FIELD DAY AND MEDICAL MEETING OF THE ESSEX CO. HOMŒOPATHIC MEDICAL SOCIETY.—This Society, with their ladies, and invited guests, celebrated its Sixth Annual Field Day, on Wednesday, July 24th, at that delightful and historical point on our coast known as Naugus Head, Marblehead, by invitation of their honored President, Dr. M. V. B. Morse, of Marblehead.

The day was delightful in every respect, and the meeting the *largest* of any the Society has ever held. Not less than four hundred were present to enjoy the festivities of the day. The party from Gloucester, Newburyport, Haverhill, Lawrence, Lowell, Lynn, Boston, etc., left Salem, at 9.30 A.M., on the steamer *Naumkeag*, which made three trips to the point.

The morning, as usual, was spent in various rambles about that picturesque point, so well known in history, the playing of croquet, the renewing of old friendships and the forming of new ones, together with the interchange of professional experiences the past year, etc., etc.

At 1.20 P.M., the large company sat down to the banquet — five long tables being more than filled. The Rev. Dr. Lawrence, of Marblehead, invoked the Divine blessing. The appetites of all having been more than satisfied by the bountiful supply and variety which the several tables afforded, they were then cleared to make way for the *literary treat* of the day.

At 2 30 P.M., the Society was called to order by the retiring President, Dr. M. J. Flanders, of Lynn, and a beautiful ballad, entitled "Nancy Lee," was finely rendered by Miss Nina Ryerson, of Boston.

The records of the Semi-Annual Meeting in June last were read by the Secretary, Dr. N. R. Morse, of Salem, and J. M. Thompson, M.D., of Newburyport, and Monica Mason, M.D., of Lynn, elected members. Dr. F. L. Radcliffe, of Lynn, was, on motion of Dr. Cushing, of that city, readmitted to membership, he being a former member in good standing.

Dr. Flanders neatly tendered thanks to the members of the Society for their uniform courtesy and forbearance during her presidential term, and then introduced the President elect, Dr. M. V. B. Morse, of Marblehead, the host of the day, who delivered an able and interesting address.

In the absence of Dr. F. A. Hale, of Newburyport, and at his request, the Secretary, Dr. Morse, then read the Memorial Address on the Life and Character of the late Dr. E. P. Cummings, of that city, which was accepted with thanks. Dr. Morse also read an extract

from a letter recently received by him from Dr. W. H. Lougee, of Lawrence, now in Vienna, Austria, in which the doctor paid a touching and heartfelt tribute to the memory of our late honored colleague.

"Bonnie Sweet Bessie" was now finely sung by Miss Ryerson; Charles A. Clark, of Salem, playing the organ.

Dr. C. W. Scott, of Lawrence, was now introduced by the President, and read, with fine effect, an excellent poem, which was highly complimented, and received the frequent and hearty applause of the large company, together with the thanks of the Society, and a copy requested for the paper. Miss Nellie Wilkins, of Salem, now sang, with fine effect, a song entitled "Janette."

Dr. N. R. Morse, of Salem, was introduced as the Toast Master of the day, and the regular toasts and responses followed.

The exercises of the day were closed by singing "Shall we meet at the River," and "Auld Lang Syne," after which the Society adjourned.

ACTION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY COUNTY IN REGARD TO THE DEATH OF MARCELLIN COTE, M.D., PITTSBURGH.

At a Special Meeting of this Society, held May 29th, 1878, the death of Dr. Marcellin Cote having been announced in fitting terms, the following minute was unanimously adopted, ordered spread upon the Records, and that a copy be forwarded to the bereaved family:

Died, Pittsburgh, May 29th, 1878, MARCELLIN COTE, M.D., in the sixty-third year of his age.

We thus record the death of an honored colleague; distinguished in his profession, a good citizen, and uncommonly beloved by his patients. Earnest and aggressive in his efforts to promote medical science and education, he was one of the founders and active supporters of this Society, of the State Society, and of the Anatomical Society of this County, having served as President of each of these organizations. He was also a member of the American Institute of Homœopathy, and one of the founders of the Homœopathic Hospital of this city.

At the time of his death, Dr. Cote was the oldest Homœopathic practitioner in this county, and was regarded in the community as a physician of character and eminence.

In view, therefore, of the irreparable loss sustained by the profession, which our lamented colleague so highly adorned, we here record

our appreciation of the physician and the man, our sorrow that we shall be deprived of his companionship and counsel, and our hearty sympathy for his deeply bereaved family.

(Signed,)

J. H. McCLELLAND,
H. HOFMANN,
J. F. COOPER,
J. C. BURGHER,
L. M. ROUSSEAU,
Committee.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.—The President suggests that I had better notify the members of this Society, through the columns of the *New England Medical Gazette*, and requests that all papers and reports intended for the approaching SEMI-ANNUAL MEETING, Oct. 9th, be carefully prepared and revised before the time of meeting, in order that there may be no delay in placing a *full* report in the hands of the printer, that it may be published and distributed to the members thereof without any delay.

The various standing committees, and their chairmen, will take *special* notice of the above request. It is expected that Vol. IV. of the Proceedings of the Society from 1871 to 1877, inclusive, will be ready for distribution at that meeting.

NATHAN R. MORSE, *Recording Secretary.*

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner Third Avenue and Twenty-Third Street.—*Report for the Month ending July 31, 1878:—*

Number of Prescriptions	.	.	.	.	3,442
“ new Patients	.	.	.	.	384
“ Patients resident in the Hospital	.	.	.	.	81
Average daily Attendance	.	.	.	.	133
Largest “ “	.	.	.	.	221

J. H. BUFFUM, M.D., *Resident Surgeon.*

BOOKS AND PAMPHLETS.

BIBLIOTHECA MEDICA. A Catalogue of American and British Books, Periodicals, Transactions, etc., relating to Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and kindred subjects, classified by subjects, with an Index by authors. Cincinnati: Robert Clarke & Co. 1878.

DETERIORATION AND RACE EDUCATION, with Practical Application to the Condition of the People and Industry. By SAMUEL ROYCE. Boston: Lee & Shepard. New York: Charles T. Dillingham. 1878.

STRICTURE OF THE MALE URETHRA. Its Radical Cure. By FESSENDEN N. OTIS, M.D. New York: G. P. Putnam's Sons. 1878.

CORRESPONDENCE.

Messrs. Editors:—On page 277, June Number of *N. E. Medical Gazette*, I see an extract from a paper of Dr. Lombe Atthill, on the use of Hot Water for Uterine Hemorrhage.

The article gives the credit of first suggesting the use of hot water for the above purpose to Dr. Windelband. For aught I know, it is all true; but you will find, by referring to page 130, vol. vii., of the *A. J. Hom. Mat. Med.*, that I suggested it as long ago as 1873, and cited cases of its use, by myself. I supposed, at the time, that I was the first to report its use.

I have used the hot water, in the manner as reported in the *A. J. Hom. Mat. Med.*, since 1872, in some twenty different cases of Uterine Hemorrhage, and in every case with entire success. Nor is it necessary, as enjoined in the article by Dr. Athill, that the tube of the syringe be passed *into* the uterus; for if the stream from the syringe be directed to and against the neck of the uterus, it will stop the most severe hemorrhage, every time, and cause uniform and strong contractions of the *whole* uterus, *provided* the water be as hot as can be borne, and a sufficient quantity, not less than a pint in any instance, be used.

It is equally efficacious in hemorrhages resulting from uterine tumors of any kind, Miscarriage, or Post-Partum, and Dysmenorrhœa.

Yours,

T. H. MANN.

ITEMS AND EXTRACTS.

INFLUENCE OF PREGNANCY ON SUCKLING.—In reference to a case recently at the Hôpital des Cliniques, Professor Depaul took the opportunity ("Rev. Méd.") of strongly impressing upon his class that the continuance of suckling after pregnancy had manifested itself, whatever its effects might be on the mother, acted most injuriously upon her infant. First, the quantity of milk diminishes, and the child, though suckling for a long time, no longer obtains the quantity of nutriment which it requires. Its stomach, not feeling satisfied with what it has received, in place of going to sleep after a copious repast, as usual, the child cries and becomes restless. If, in spite of these signs, the mother continues to suckle, more alarming symptoms are produced. Digestion is disturbed, and, after each suckling, in place of some pure milk flowing out of the mouth, after the breast is taken away, as may be observed in infants who are quite well, actual vomiting takes place, and a large mass of not yet coagulated milk, which the stomach cannot tolerate, is rejected. The stools, too, exhibit characteristic modifications, and in place of passing two or three of these in the twenty-four hours, the child now passes several, so as to amount to diarrhoea. In some cases there may be, however, constipation. The discharges are themselves abnormal in their appearance. In place of appearing somewhat thickened, and resembling in color and consistency a boiled egg, they may be quite fluid, of an appearance just like spinach-water; at other times they are less fluid and brownish; and in other instances, again, both in color and consistence, they exactly resemble glazier's putty. They are accompanied by a more or less considerable quantity of mucus, according to the amount of intestinal irritation, and there may be present streaks or even true drops of blood. Sometimes the amount of milk does not seem to have materially diminished, for it is not uncommon to find it issuing abundantly on pressure being made. This may give rise to error, as it only proves that the gland performs its function actively; but weighing the infant will show that it derives from this milk an utterly insufficient amount of nutrition. Chemical analysis fails to show us what is the modification which the milk undergoes through pregnancy, rendering it unfit, even when in sufficient quantity, for the nutrition of the child; but that such a modification does take place is beyond all doubt, and is indeed sufficiently shown to

exist by the marked repugnance which the infant may exhibit to the breast.

Professor Depaul has met with three or four remarkable examples of this. In one of these he was sent for by a young woman, whose infant, which was quite well, and had up to then been well nourished, had for some time past absolutely refused to take the breast. Tried in his presence, after having abstained from food for some time, it would not suckle; but no sooner had a nurse who had been sent for made her appearance, than it seized her breast with avidity. On interrogating and examining the mother, he became convinced that she had become pregnant.

The conclusion to be drawn from these facts is, that whenever a woman asks you whether, having become pregnant, she ought to continue to suckle her infant, you should reply in the negative, and advise her to procure a nurse; for you may be certain that the disturbances of which I have just given you a very faint sketch, if they have not as yet been produced, will manifest themselves before long, to the great detriment of the child's health.—*Medical Times and Gazette.*

FILTRATION OF WATER USED FOR DRINKING PURPOSES. — I beg leave to call your attention to the following remarks, suggested to me by reading a lecture published in a late number of the *Deutsche Vierteljahrsschrift*, and delivered by Prof. Gustav Bischof, of the University of Bonn (Germany), at the Royal Society of London (England).

Water used for drinking purposes may be rendered very impure by organic substances in a state of putrefaction, without our having the least suspicion of it, but yet this kind of putrefaction renders the water very deleterious. Organic matter, in a state of putrefaction contained in drinking water, is of itself a cause of disturbance in the human organism; but when united with the lower organisms, as *Notomata*, *Amœba guttula*, *Verticella*, *Cyclops*, *Spirilla*, *Bacteria*, etc., some of which are recognized by their connection with Cholera, Typhoid Fever, Diphtheria, etc., then it will immediately produce wide-spreading epidemics. These organisms show their poisonous properties only when in connection with organic matter in a state of putrefaction. Chemical analysis cannot distinguish between fresh and putrid organic matter, and therein lies the essential deficiency of all analytical methods of examining water.

Considering this fact, Prof. Bischof attempted an indirect method

by a new and peculiar process, and proved that all elements of putrefaction can be removed from drinking water by means of filtration through iron-sponge. This filtering material can be obtained by the reduction of hæmatite with coal at a very low temperature.

According to an analysis made by Prof. Rudolf Wagner, of the University of Wuerzburg (Germany), the sponge-iron produced from the "purple ore" is composed of—

Oxyd of iron	95.10
Copper	0.18
Sulphur	0.07
Oxyd of lead	0.66
Oxyd of calcium	0.20
Oxyd of natrium	0.13
Sulphuric acid	0.78
Silicates	2.13

Another analysis sample showed the following composition:—

Oxyd of iron	8.15
Peroxyd of iron	2.40
Metallic iron	70.40
Zinc	0.30
Copper	0.24
Lead	0.26
Carbon	7.60
Silicate of alumnia	0.19
Silicon	9.00

The traces of copper and lead in the above-mentioned analysis may be removed by suitable manipulations, the result being an entirely harmless filtering material.

Referring again to Prof. Bischof's experiments, he took fresh meat, boiled it until all its putrefying elements were destroyed, and then exposed it for several months to a spray of water filtered through sponge-iron, without being able to detect any decomposition or putrefaction. He then made the same experiment, using, instead of water filtered through iron-sponge, water filtered only through charcoal or bone-black, which are, as everybody knows, in common use as filtering materials. Within about a fortnight the meat showed clearly incipient decomposition, and at the end of the fourth week, it was completely putrefied.

Hence the conclusion seems to be justified, that the lower organisms, as Spirilla, Bacteria, etc., will be forever made entirely harmless by filtering the water through sponge-iron.

In accordance with the foregoing experiments is another observation, made by the same gentleman, that the fluid of a privy-vault, filtered through an apparatus packed with sponge-iron, has kept perfectly clear for over five years, in an air-tight bottle, half-filled with the same, although this bottle was exposed to the sunlight during this period.

Similar experiments have been made by other high standing professional men. For instance, Prof. Rudolf Wagner, who was sent by the German Empire as reporter to the Centennial Exhibition, at Philadelphia, mentioned in his Annual Report on Chemical Technology (Vol. XVII., p. 692; Vol. XIX., p. 709; Vol. XX., p. 817; and Vol. XXII., p. 177), the sponge-iron is an excellent filtering material, which possesses the power of destroying vegetable and animal life. In the same manner, Dr. Otto Daumer expressed himself in his Dictionary of Chemistry, p. 779, stating that organic substances might be effectually removed by filtering the water to be used for drinking purposes, through iron-sponge.

Really, we have to admit that our knowledge of the organisms now generally considered as the causes of the various epidemic diseases, is not sufficiently advanced to show by experiments the direct influence of the spongy iron on them. It is probable that these organisms, as well as the Spirilla, Bacteria, etc., are rendered harmless by filtering through the sponge-iron; but, as long as we are unable to isolate them to a certainty, only practical experience can decide the question.

Should the desired result not be obtained, should the organic substances not be destroyed, together with the organisms, which are the cause of putrefaction, then the iron-sponge will, or may, at least, enable us to isolate them; otherwise we have found in this filtering material an agent which is capable of preventing the spread of epidemic diseases.—*Dr. Jungbluth in Toledo Medical and Surgical Journal.*

NOTE ON TWO CONTRASTED FORMS OF WEAK LABOR.—Dr. Matthews Duncan communicated to the Edinburgh Obstetrical Society (*Edinburgh Medical Journal*, February, 1878) a note entitled as above, of which the following is an abstract:—

“The two forms of weak labor spoken of by Dr. Duncan, in this paper, are frequently confounded with one another with injurious practical results; but they are essentially different, and require a correspondingly different treatment. The one form is common and well

known; the other has only been recognized of late years, and is not yet at all well known. The common form depends upon inertia of the uterus, and is most frequently seen in multiparæ who have had many children and are elderly. In this case, the uterus is not stimulated to sufficient activity, and the delay is due to inefficiency and infrequency of the pain. The state of the after-birth is apt to be attended with hemorrhage. The rarer form is due to a quite different case, and is, in many respects, a contrast to the former. It occurs chiefly in primiparæ, or in young women who have a special nervous mobility. Here the uterus is unduly but morbidly active. The tonic permanent contraction goes on with premature and injurious rapidity; the intermittent pains are frequent and painful, but inefficient. The body of the uterus, with its fundus higher in the abdomen than usual, is retracted over the body of the child, so that it forms only a comparatively small cap over the lower foetal parts, and a distinct rim or sulcus can be felt a little below the umbilicus, where the contracted uterine body is attached to the greatly-expanded cervix. The condition of the uterus in this form is similar to what is found in labors where the advance of the child has been long obstructed, and it is attended with like danger; yet there is no apparent difficulty in propelling the child, and no obstruction. The treatment of two forms of labor so distinct from one another is naturally different. In the former, where the delay is due to inertia, the uterus is to be stimulated by oxytocics — of which *Ergot* is the best — and by kneading, rubbing, and similar means. In the latter, or premature uterine retraction, the uterus is not to be stimulated, but soothed; *Opium* and *Chloroform* may be useful, but all oxytocics are to be avoided. Early delivery, if necessary, with the forceps, is desirable. A case is given in which the second of these two forms is accurately observed.”

REDUCTION OF STRANGULATED HERNIA.—M. Phillippe has added another to the numerous resources of facilitating his reduction of strangulated herniæ. It consists in the hypodermic injection of a solution of morphia in the immediate vicinity of the hernial tumor previous to attempting taxis. The local effect of the injection is a striking decrease of tension of the tumor and of its painfulness, relaxation of the abdominal muscles, and, it is alleged, dilatation of the constriction. P. mentions three cases in which attempts at reduction proved futile previous to the injection of morphia. After the injection of a sufficient dose of the salt, reduction could be effected in a very short time. — *Gaz. des Hopitaux*.

AN ANATOMICAL REMEDY AGAINST RESPIRATORY OBSTRUCTION FROM THE TONGUE, EPIGLOTTIS, AND VELUM PALATI IN THREATENED APNŒA FROM ANÆSTHETICS OR OTHER CAUSES.—By Benjamin Howard, M.D., London, Eng. The object of the paper was to give the results of various and repeated investigations and experiments. The facts to be presented confirmed the alleged respiratory obstruction from the tongue, epiglottis, and velum palati in apparent death in the ordinary supine position, and showed how such obstruction was promoted by the customary elevation and flexion of the head and neck. Traction upon the tongue, however firm, might open the pharynx, which its retreat had closed, but nothing more; the epiglottis remained unlifted. Other facts were then presented, proving how, by simple position, all these obstructions were instantly and simultaneously removed. The position consisted in elevation of the thorax, and complete extension backward of the head and neck. By this means the line of gravitation of the tongue was shifted from the back of the pharynx to the hard palate, at or about its junction with the soft palate. The entire posterior wall of the pharynx was shifted backward; its anterior wall was shifted forward; thus, its antero-posterior diameter, as much as was possible, was throughout increased; while, by the shifting upward and backward of the nares, their entrance was brought more directly over and in a line with the course of the pharynx. The larynx being pulled downward and forward by the sterno-thyroidei muscles, and fixed there, the extensive motion upward and backward of the lower jaw put upon the stretch the genio-hyoidei, myo-hyoidei, and anterior bellies of the dygastric muscles, causing the hyoid bone, and, by means of the hyo-epiglottic ligament, the epiglottis, to share together the motion of the jaw. Thus the epiglottis was instantly made vertical. The thyroid insertion of the palato-pharyngei muscles being brought downward and forward by the sterno-thyroidei and fixed; the palato-pharyngei muscles were put upon the stretch their whole length by the extensive movement upward and backward of the head; and thus the posterior pillars of the fauces, the arches of the palate, and the velum palati, into which latter membrane these muscles were inserted, were all pulled downward and forward; they were thus made tense, and kept so. The velum being thus stretched some distance in front of the back of the pharynx, a post-oral air-way was secured, from which the tongue was doubly excluded. Hitherto, in the treatment of apnœa and asphyxia, the tongue had been withdrawn only in those exceptional cases where a surgeon with forceps had been present. The means of complete ele-

vation of the epiglottis in cases of apnœa has been hitherto unknown. The position described removed both these obstructions without assistant or instrument.

The author, from the facts given, and from other experience, urged that always, in the induction and condition of anæsthesia, the head should rest rather lower than the shoulders. He also stated that complete extension backwards of the head and neck should be the first and instant measure in threatened or actual apnœa, both as a remedy and as the first step towards success in artificial respiration. The withdrawal of the tongue, when practicable, the author considered highly advantageous, though not necessary; but it should incur as little lowering of the inferior maxilla as convenient. Finally, the author claimed to have demonstrated that, contrary to the general belief, traction upon the tongue, however firm, cannot materially elevate the epiglottis; that he had discovered a simple way by which (1) the tongue is excluded from the pharynx without manipulation; (2) the epiglottis is elevated vertically at will; (3) an unobstructed post-oral air-way is secured from the glottis to the nares — all of which is effected simultaneously by position alone. These facts had received corroboration from recent observations upon anæsthetized patients, and the author was glad to believe that, in averting apnœa, in restoring from apnœa, and in enabling various means of artificial respiration to be used more effectively, the simple position above directed will be a frequent means of saving human life.* — (Brit. Med. Jour.) — *Maryland Medical Journal*.

* These facts have been demonstrated at King's College Hospital, at the Royal College of Surgeons of England, at Guy's Hospital, etc. After the earlier demonstrations, in view of the novelty and importance of the facts shown, statements that they had been satisfactorily seen were written by Dr. Gerald F. Yeo, Professor of Physiology, Mr. E. H. Howlett, House Surgeon, and several others of King's College. At a later date, the following statement was made: —

“Guy's Hospital, Post-mortem Theatre, April 24, 1878. — We have to-day witnessed a demonstration by Dr. B. Howard, which showed: 1. That traction upon the tongue did not elevate the epiglottis (stirred it only and pulled it slightly forward); 2. That extension of the cervical spine upon itself, and extension of the head upon the neck, with elevation of the lower jaw, caused complete elevation to a vertical position of the epiglottis; tension of the velum palati preventing falling of the dorsum of the tongue upon the back of the pharynx, and insured an unobstructed passage from the glottis to the nares. (Signed) Thomas Bryant, Surgeon and Lecturer on Surgery; C. Hilton Fagge, M.D., Lecturer and Demonstrator of Pathology, etc.; F. A. Mahomed, M.D., Medical Registrar; C. J. Symonds, Demonstrator of Anatomy.”

NON-INOCULABILITY OF THE SEMEN IN SYPHILIS.—Dr. Mireur, of Marseilles (*Annales de Dermatologie et de Syphilographie*, No 6, Tome viii., 1877), gives an account of his researches on the above subject.

A syphilitic patient, aged 26, with characteristic indurated cicatrix of primary sore, multiple adenitis, papular roseola, mucous patches of mouth and anus, etc., and who had not undergone any specific treatment, consented to supply the material for inoculation. The semen obtained from this man was immediately inoculated on four healthy persons, quite free from syphilitic antecedents. All the instruments used were new, and perfectly clean.

The first two subjects were inoculated by three punctures made on each arm with a needle. On the third patient a small blister was raised by means of ammonia on the right leg. Charpie, dipped in the semen, was then applied to the denuded dermis, and carefully kept in place for twenty-four hours. In the fourth case, the epidermis at the upper and outer part of the left arm was removed by scraping, and three small transverse incisions were then made. Charpie, thoroughly soaked in the seminal fluid, was kept in contact with the wound for thirty-six hours.

The results of Dr. Mireur's experiments were the following: In the first two cases the punctures gave rise, a few hours afterwards, to slight local inflammation; but next day all inflammatory action had disappeared, and only a small ecchymotic and scarcely appreciable mark at the site of each puncture was left. All traces disappeared about the fifteenth or sixteenth day. In the other two cases there were not even signs of local irritation, and the wounds rapidly healed. All four persons were minutely and regularly examined every day for more than six weeks, and were kept under attentive observation for about six months. During this time not the slightest sign of Syphilis, either local or constitutional, appeared in any of them. Two of the patients, who were examined again, about a year after inoculation, confirmed, by their good state of health, the absolutely negative result of the experiment.—*London Med. Record*, Feb. 15, 1878.—*Monthly Abstract of Med. Science*.—(*Maryland Med. Jour.*)

PHILOCARPIUM MURIATICUM.—By E. Ohms (*St. Petersburg. Med. Wochenschrift*, 1878).

Ohms found in his early investigations that Philocarpin had an

intense diaphoretic and sialogogue effect. He gave warning that its use should be interdicted in heart disease, on account of its too energetic influence upon that organ. Experimental observations on lower animals prove that the effect is not produced by action on the sweat-glands only, but also by an influence it exerts on the nerve centres which control this function. The increased flow of tears is brought about by the action of the drug on the sympathetic nerve. It increases the flow from the bronchial mucous membrane, and renders it more fluid. The increased secretion of saliva is not induced by peripheral irritation, but by direct influence upon the medulla oblongata. Philocarpin has very little action on the secretion of milk and urine, but it brings on peristaltic action by direct irritation of the ganglia of the alimentary canal. — *Maryland Medical Journal*.

EXOPHTHALMIC GOITRE CURED BY GALVANIZATION OF THE SYMPATHETIC IN THE NECK.—The *Gazette Médicale* of Sept. 1, quotes the following case from the *Giornale Veneto di Scienze Mediche*: The patient was a girl nineteen years of age; her brother suffered from progressive muscular atrophy, her sister from frequent attacks of hemicrania, and she herself had been subject, throughout youth, to repeated diarrhœas, accompanied by colicky pains, which occurred without traceable cause, and proved rebellious to all treatment.

Two years ago the eyes became more prominent, and palpitation of the heart appeared. Shortly afterwards a tumefaction of the neck was noticed, accompanied by emaciation, prostration, frequent flushing of the countenance, diarrhœa, and change of character, which became irritable and capricious: the digestive functions became languid. Dr. Ancona proposed galvanization of the first cervical ganglion of the sympathetic. The poles were applied to either side of the neck behind the angle of the jaw, pressing back the sterno-mastoid muscles. He employed at first ten elements of the apparatus of Dr. Stoehrer. Each application lasted from three to five minutes. After a few days the circuit was frequently interrupted.

The physiological effects observed were: Dilatation of the pupils at each closing of the circuit, more marked on the side corresponding to the negative pole; slight contractions of the sterno-mastoid muscles; sometimes an increased flow of saliva, and a coppery taste in the mouth; occasionally some vertigo. In the course of five months, one hundred sittings were had. The treatment was well borne, and during the whole time she only suffered from one severe attack of hemicrania, and two very light ones. With the treatment by elec-

tricity was associated the internal administration of arsenic. From the very beginning of the treatment a notable amelioration was observed, which proved continuous, so that at the end of five months the patient had increased in weight some 13.5 kil. (about thirty pounds.) The face and the mucous membranes gradually returned to their normal color. The eyeballs regained their position and their mobility; the thyroid body became greatly diminished in size; the pulsation of the arteries ceased to be visible; the cardiac impulse became regular; the pulse beat forty times a minute; menstruation became regular, and with the digestive functions the strength returned. — *New York Med. Record*, Oct. 20, 1878.

PAPER LINT.—In a paper in the *Philadelphia Medical Times* (March 30), Dr. Keen calls attention to the great advantage derived from the employment of this substance, which is prepared by Messrs. Wyeth, chemists, Philadelphia. It is sold in sheets of about twelve by eighteen inches, as thick as patent lint, and consists of pure paper felt. Its absorbent power is far greater than that of patent lint, while it is vastly cheaper, viz., about three cents an ounce, while patent lint costs about twelve cents and a half per ounce. Estimated by the square foot, patent lint is nearly three times as costly as the paper lint, having given it a full trial in his wards at St. Mary's Hospital, Dr. Keen states that —

“It has given great satisfaction, and is immensely superior in most cases to patent lint. As an absorbent, there is no comparison between the two; and as a means of applying moist dressings, such as lead-water and laudanum, warm or cold water and solutions, it answers as well as ordinary lint, except in one particular, that of tearing too easily. To remedy this, I have suggested to Messrs. Wyeth that a sufficient number of cotton or linen threads be added to the pulp to give it greater tenacity; and when this is done it will be better than ordinary lint. For salves and other dry dressings, on even or moderately uneven surfaces, it answers admirably; but on very uneven surfaces, as the end of some stumps, it is not so pliable as patent lint, and does not so readily adapt itself to the inequalities of surface. I have also used it for belladonna plasters, etc., with good success. If, however, the plaster is so stiff as to require considerable rubbing, it is apt to scale off in layers—a defect which I expect the threads above alluded to may very probably remedy. Once that the proper tenacity, softness, and thickness are attained, it is easy to see to what excellent uses the paper lint may be applied. It

can be impregnated with carbolic acid, salicylic acid, chloral, or other antiseptics, and used dry or wet, with astringents and hæmostatics; and, coated with rubber on one surface, it will answer admirably for light poultices. I have used it covered with waxed paper with excellent results. This *waxed paper*, which I introduced into St. Mary's Hospital some years ago, has almost entirely replaced there the more expensive and scarcely more useful oiled silk. It is prepared in the hospital from French tissue-paper, and is of excellent quality, and very cheap."—*Medical Times and Gazette*.

COMPARISON OF THE RESULTS OF THE CÆSAREAN SECTION AND LAPARO-ELYTROTOMY IN NEW YORK.

Editor New York Medical Journal:—*Sir*—On the evening of March 21st, I read before the New York Academy of Medicine an essay entitled "Laparo-elytrotomy: a substitute for the Cæsarean Section." In the discussion which followed the reading of this paper, Dr. T. C. Finnell declared that he had come to the meeting in doubt as to whether the Cæsarean section or laparo-elytrotomy held out the better chance for life to mother and child, and that he went away with the same doubt existing in his mind.

This statement, from so judicious and candid a practitioner, took me by surprise, and at once stimulated me to a search into the statistics of the Cæsarean section, as relating to New York and its suburbs. The result of the inquiry has been this: since the settlement of Manhattan island by the Dutch, and the incorporation of "Nieu Amsterdam," in 1621, only one successful Cæsarean operation has occurred! By successful, be it understood, I mean resulting in the survival of both mother and child. How many operations have been performed, neither I, nor any one else, can say. No better proof of this assertion can be given than an allusion to the fact that, while in an elaborate article by Dr. Robert P. Harris, in the April issue of the *American Journal of the Medical Sciences*, only three operations are accredited to this locality, there were, upon the rostrum at the Academy on the occasion just alluded to, three men, within a few feet of each other, who had together performed it seven times. Three of these operations Dr. Finnell reported in the debate of the night; one Dr. Barker performed; and three were performed by myself. I regret that the large meeting was not called upon for a *viva voce* report of all the cases of which its members knew. My impression is that the number of which I had cognizance would certainly have been doubled.

It may, I think, be regarded as certain that, in over 250 years,

whatever be the number of Cæsarean operations performed in New York, only one has resulted successfully for mother and child. Let us now compare these results with those of laparo-elytrotomy reported at the meeting alluded to. Four operations were performed upon women whose children were living when they were undertaken; in the fifth case the child had been previously perforated, and was surely dead. Four children were delivered alive and uninjured. Four women were viable at the time of operation; the fifth was moribund. Three survived, and are to-day in good health. Or, to state the matter in other words: at the time of operation four women and four children were viable, and, of these, three women and four children survived. Out of the eight lives put to the arbitrament of the procedure, seven were saved; and it must be borne in mind that the woman who died, was almost moribund at the time that surgical interference was practised.

I have neither time nor inclination to plunge into the unfathomable lake of statistics of the Cæsarean section. I take the small field in which laparo-elytrotomy has been performed, and compare the results of the two operations there; and, having done so, I cannot but reiterate my surprise that Dr. Finnell should not have been induced to look more favorably upon a procedure which had in eight years, the eight years, too, of its extreme infancy, produced treble the successes achieved by the other in over two centuries and a half.

A great deal of hope for the brilliant results to be achieved in the future by the Cæsarean section has been excited by the application to it of all the precautions practised in ovariectomy; I share this hope most cordially and devoutly; but it must be remembered that, during the last quarter of a century, the obstetric surgeon has been freely instructed, in reference to the matter, by the great results of Atlee, Wells, Keith, Koeberlè, Peaslee, Dunlap, and Kimball. A quarter of the 19th century is equal to the whole of the 18th, as far as medical progress is concerned; and results should long ago have been forthcoming.

I beg you and your readers to believe, however, that I am not pressing the adoption of this new operation upon the profession, but only its claims to being considered and tried. My wish is to prevent, if I can, its falling again, as it did in times past, into oblivion, when it is capable of producing such results as have already been demonstrated.

Respectfully yours,

T. GAILLARD THOMAS, M.D.

PROGNOSIS OF CEREBRAL HEMORRHAGE. — By Dr. Laponi (*Revue de Thermed. Chir.*). — Dr. Laponi lays down the following aphorisms :

Cerebral apoplexy, in which coma continues for twenty-four hours, ought to be considered as a very discouraging case. This rule, which is generally true, has some exceptions. If acts of yawning occur at short intervals, the prognosis is essentially fatal. If apoplecia is complicated with paralysis of the buccinators, it is very grave, for the seat of the hemorrhage is near the medulla oblongata. The presence of labio-glosso-pharyngeal paralysis renders the case still more hopeless. If emesis takes place half an hour after the attack, inevitable death may be predicted, for the vagus nerve is complicated, as Lusana has pointed out. Life is in danger, if paralysis of the larynx (vagus) or poluria (medulla oblongata) occur, or if there is marked lowering in the temperature ; if this phase is followed by an elevation of the body temperature, death is certain. — *Maryland Medical Jour.*

LACTOPEPTINE. — Pepsin is unquestionably a valuable remedy in some cases of indigestion, but does not seem to meet all the requirements of many dyspeptic cases. Lactopeptine is presented to the profession as meeting all the indications in cases of mal-nutrition and non-assimilation, composed according to the formula of Ptyalin, Pepsin, Pancreatine, Hydrochloric, and Lactic Acids. It is claimed to be a combination of all the digestive agents. If we can prescribe chemically for disorder of the digestive function, such a combination would appear worthy of trial, and experience has demonstrated its value in many cases. Dr. Merritt remarks : "The more my experience in its varied applicability extends, the more its beneficial effects appear." — *Buffalo Medical and Surgical Journal*, Dec., 1877.

PERSONAL.

DR. SAMUEL WORCESTER is about to remove from Burlington, Vt., to Salem, Mass.

JOHN H. WOODBURY, M.D., has resigned his position as Registrar and Professor of Diseases of Women in the Boston University School of Medicine.

GEORGE M. OCKFORD, of Hackensack, N. J., has removed to Burlington, Vt., to take the practice of Dr. Samuel Worcester, who has removed to Salem, Mass.

Dr. DAVID THAYER has removed from No. 94 Boylston Street, to Hotel La Fayette, on Columbus Avenue, between the Providence Depot and Berkeley Street.

Boston, Sept. 13, 1878.

THE following letter has this day been received from New Orleans. It is hoped that Homœopathic physicians, and friends of the cause, will give liberally to aid our suffering friends in the South.

Remittances can be made to the officers mentioned below, at 132 Canal Street, New Orleans, or through Messrs. Otis Clapp & Son, 3 Beacon Street, Boston, who will promptly forward the same.

To the Homœopathists of the United States:—

In the treatment of Yellow Fever, in past epidemics as in the present scourge, which is decimating our city, the Homœopathic practice has shown highly favorable results; hence, for humanity's sake, it should be liberally applied to our suffering people.

We are doing all in our power in the present emergency, but our means, limited to local sources, are sadly inadequate to meet the distressing demands which are constantly increasing.

General contributions from abroad sent to other associations are mainly applied to the sick through Allopathic practice, those desiring Homœopathic treatment obtaining little benefit therefrom.

To reach, to aid, and to save the many who need, desire, and solicit the latter treatment, we especially appeal to the kind charities, and generous benevolence, of the physicians, associations, and friends of the practice generally, hoping and believing that we shall receive your immediate attention and assistance.

Remittances can be made to the undersigned officers, at 132 Canal Street.

By order of the Association.

ALBERT VOORHIES, *President.*

C. G. FISHER, *Secretary.*

NEW ORLEANS, LA., Sept. 7, 1878.

We fully indorse, and add our solicitations to the above.

JAMES G. BELDEN, M.D.

A. B. DE VILLENEUVE, M.D.

RICHARD ANGELL, M.D.

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VOL. XIII.

PHYSIOLOGICAL ACTION OF SALICYLIC ACID.—EXPERIMENTS UPON MAN AND ANIMALS.

DR. HADRIAN, IN L'ART MEDICAL. TRANSLATED BY H. A. C.

THIS is a simple resume of the works already existing; it is like the "tooth-stone" of a more important work which we intend to publish later.

The numerous articles published within the last two years upon salicylic acid, have been intended to show the service which this drug can render in acute articular rheumatism, and some other diseases.

The physiological action of this substance has also been studied, and experiments have been made upon man, in a state of health, as well as upon animals. Although the results obtained by the different experimenters do not always agree, there are certain facts which appear established, and these we shall pass in review.

In order to produce its physiological effects, according to M. G. See, salicylic acid must be given in a dose of five or six grammes. The method of administration is of some importance; while two or three grammes of acid, taken at one dose, and repeated frequently during the day, often produce nausea and vomiting, with a sensation of burning in the pharynx and stomach, if the dose of five or six grammes is divided into ten or twelve parts, and administered in alcoholized syrup, or in unleavened bread, these inconveniences are not produced.

I. *Action on the Digestive Organs.*—Salicylic acid appears to have a marked irritating action upon the mucous membrane of the digestive tract. The applica-

tion of the powder to the pharyngeal mucous membrane produces a bitter, acrid, caustic taste, if the powder is pure, and also if it is employed in suspension, in water or syrup, it produces a whitish coloration, due to a superficial cauterization, which resembles that made by nitrate of silver, but it is whiter, and looks as though it were painted. The irritation of the mucous membrane of the oesophagus and stomach is more or less severe according to the dose employed. Kolbe was able to take a daily dose of one grain and a half for five days without experiencing either burning in the stomach or nausea. With stronger doses, nausea and vomiting have been observed. These symptoms, together with the diarrhoea, which is less constant, seem to indicate an irritating action on the gastro-intestinal mucous membrane. Experiments on animals, and the results of autopsies, give still farther evidence of this action. Wolfberg found, at the autopsy of a dog to which two grammes of the acid had been given in an injection, a very well-pronounced catarrh, with bloody effusion, and even ulceration. In a patient who had taken twelve grammes of pure salicylic acid, Goldtammer found ulceration of the stomach; the same lesion was found in a patient who had taken seven doses of sixty centigrammes.

II. *Sensory Nervous System*—*Trouble with the Hearing*.—The action of salicylic acid upon the senses has been almost invariably marked on both sick and well. Five or six grammes have generally been required to produce it. The sensory phenomena consist chiefly in sensations and different troubles with the hearing; these are buzzing, roaring, strange sensations, compared by patients to the noise of the tide, of rain, thunder, or the whistle of the locomotive. This action upon the hearing is similar to that of the sulphate of quinine, but it differs from it in not being accompanied by vertigo, nor trouble with the sight. There are cases, however, where a marked diminution in the acuteness of vision, and a well-pronounced vertigo, have been observed.

Next to the buzzing in the ears and the roaring in the head, the most common phenomenon is the diminution

in the sensibility of the hearing, followed by deafness, which is rarely complete, and which is manifested only after the lapse of two or three days, from the use of six grammes of acid. If the dose is continued, the deafness and buzzing do not increase; they remain stationary, and often disappear. In some cases *muscæ volitantes* and rotary movements of different objects have been observed.

III. *Central Nervous System.*—Taken in a therapeutic dose, salicylic acid produces on the healthy man but very little trouble in the encephalic or medullary system. M. Scouly-Logothetides, who, in his thesis, cites two experiments, one on himself, and the other on one of his friends, noted a gradually increasing tendency to sleep, a certain torpor, and a general fatigue, accompanied with such muscular weakness that the tips of the fingers could not be made to touch the palm of the hand, even by the strongest effort. On a healthy man, salicylic acid does not produce delirium; with febrile patients, however, it is otherwise. Delirium is produced in such patients easily enough. M. See mentions two cases of typhoid fever treated with this drug, in which he observed mild delirium. In other cases tetaniform contractions and collapse have been observed.

IV. *Heart, Pulse, Respiration, Temperature.*—The action upon the heart and pulse is one of the most questionable points in the history of salicylic acid. In a healthy man some partial vascular disturbances are observed, which affect the intra-cranial or facial circulation; the heart continues to beat regularly, the rhythm and the number of cardiac pulsations continue normal. It is the same with the pulse, which undergoes no modifications. Goldtammer, Riess, and Buss have verified this absence of action of the acid upon the number of pulsations. M. See, in his laboratory experiments, has not ascertained the least modification in the arterial tension, nor in the number of pulsations of the heart; nor has he observed any notable modification in the rhythm and number of cardiac pulsations in two of his pupils who took a daily dose of five or six grammes of the acid.

The action of salicylic acid upon the temperature is very variable, according to the conditions of the experiment. Furbringer gave small doses of the acid to men in good health, and to healthy animals, without obtaining any effect upon the temperature. In rabbits affected with pyemic fever, produced by the subcutaneous injection of pus, the same author observed a marked decrease of temperature when the acid was taken into the stomach or injected under the skin, in a dose of from three to fifteen grammes.

According to Feser, Friedberg, Riegel, Buss, and See, moderate doses of salicylic acid do not affect the temperature in a healthy man. Riess, on the contrary, has observed a constant depression of the temperature when he caused five grammes of the acid to be taken. The lowering of the temperature in twenty-three observations has been at a mean of nine-tenths of a degree centigrade in four or six hours. Gedl repeated these experiments; out of nine cases, there were six with a more or less marked depression of temperature; in the other three, the results were negative.

Together with the cases where the temperature was lowered, we must mention those where an *elevation* was observed. Fiedler and See have seen the administration of salicylate of soda followed by fever. Lurmann, after prescribing salicylic acid for a patient suffering with nodular rheumatism, saw a violent attack of fever supervene. The pulse rose to 160, and the temperature to 41° C. Three times he repeated the experiment, and the same results were produced.

A young patient, for whom M. See prescribed salicylate of soda, for chorea, was attacked with fever.

V. *Elimination of Salicylic Acid by the Urine.*—The elimination of salicylic acid and the salicylates takes place very rapidly in the healthy, as well as in a pathological condition; ten minutes after the injection of the drug, it can be found in the urine. The presence of the acid in the urine can be easily shown by means of a solution of perchloride of iron; the urine assumes a characteristic violet color.

Salicylic acid, in becoming eliminated, acts on the kidneys, the urinary secretion, and even upon the constituents of the urine. It is ordinarily diuretic, as numerous experiments prove, in which, in the healthy or the sick, the quantity of urine reaches 2,400 or 2,500 grammes, or even more. Nevertheless, the diuretic action is far from being constant. According to Gubler, salicylic acid would diminish the excretion from the kidney in cases where there is an inflammatory affection of this organ; it would increase it, on the contrary, when the kidney is healthy.

The kidney is not the only medium for the elimination of salicylic acid; it is found in the perspiration, and often acts as a sudorific. Oulmont has observed it in the serous discharge from a blister; and Buss, in the saliva and sputa.

SOME THOUGHTS ON CONTAGION.

BY ISAAC W. SAWIN, M.D.

Read before the Rhode Island Homœopathic Society.

THE importance of this subject explains why I direct your attention thereto this evening. The proportion of deaths from diseases generally conceded to be contagious, according to our State and City Registration Reports, never falls below ten per cent., and sometimes rises as high as twenty-five per cent. of all, from known causes. In the mortality report of the State of New York for the year 1870, more than twenty-five per cent. of the deaths are attributed to these diseases. Yet these reports do not inform us respecting the deaths more indirectly, but none the less really due to the maladies of which we speak. That the number is considerable, no one can doubt.

Hufeland, who has been called the father of German medicine, a man of extensive and careful observation, and an accurate writer, estimates that one-sixth of all

cases of phthisis have their origin in measles ; the remote sequelæ of scarlatina certainly destroying an equal number, while the remainder of the class will, at moderate computation, similarly slay as many more. These together, then, provide three-sixths, or one-half, as many victims as consumption. But the latter disease is responsible for the removal of sixteen per cent. of the human family. It follows, therefore, that we should add eight per cent. to the numbers already given, as occasioned by contagious maladies, raising the proportion to eighteen and thirty-three per cent., or more than one-fourth of the known causes of death.

There is another aspect of the case which is of some interest. A moderate estimate of the general duration of the illness caused by these various ailments, taking into account the number of persons severally affected by them, gives over sixty days of suffering for each individual, or two days of every year of an average life.

We understand a contagious disease to be one which directly or indirectly may extend from organism to organism, producing in the infected individual the same order of disturbance which appeared in that whence it sprung. This view does not, of course, necessarily include the miasmatic affections, although, as we shall see in the course of this study, that infection may be more or less indirect. It may be considered as not improbable that these belong to the same family ; that they conform to the general laws, and that they do not differ more widely from some of the admitted contagious disorders than some of the latter do from each other. It is, indeed, an open question, whether at least one contagious disease, yellow fever, has not also a malarious origin, and it is difficult to determine on which side is the greater weight of medical opinion.

The behavior of the different contagia is widely dissimilar in many particulars. In some respects, however, a striking similarity obtains, and perhaps the calling of attention to these points of concurrence, with a few also of diversity, though nothing new be evolved, may not prove unprofitable.

One of the older pathologists teaches that there is some material in the blood which combines with the infectious substance, producing, by the union, an agitation which we call the disease, and that the destruction of the original ingredient or quality which may result, leaves the subject unsusceptible to future attacks. He would have us believe that waste matter may be the substance constituting the pabulum of the virus; and it has been suggested that the greater susceptibility of children to certain diseases, in view of the greater corporeal changes in childhood than in maturer years, gives plausibility to this hypothesis. We would add that the greater severity of diphtheritic attacks in the case of children, is an argument in the same direction. It may be held with equal pertinence to explain why very young children frequently escape contagious diseases when exposed to their influence, and if they are affected, their comparative insecurity from future attacks when thus affected. We have had a number of cases of measles in persons approaching adult life, who had suffered from the same in infancy, but only one well-authenticated case, in which the person was over eight years of age at the time of the primary attack. Again, persons do sometimes acquire susceptibility to vaccinia. In one instance a gentleman, who was father of a family, assured me that he had been vaccinated seventeen times without effect. The eighteenth trial was a complete success; he had fully developed symptoms of primary vaccination.

Liebig holds that the infectious matter acts as a ferment, exhausting certain normal qualities or constituents of the blood; and a more recent writer agrees with him in the main, calling attention to the cicatrix as an example of a morbid product perpetuated in the subsequent development, or physiological changes of a person.

Without further discussing, at present, these opinions, we call your attention to a few peculiarities of some of the contagia. They are unlike in the amount of injury they inflict, some producing only a slight indisposition, like varicella, others depopulating unprotected countries, like variola. Of one, the virus may be preserved for

months or years, as is the case with the last-named pestilence, while that of parotitis, almost equally infectious, is so ephemeral as perhaps never to be imparted, save by the breath of the infected. In splenic fever, with its two forms of contagion, the power of infection by one is retained but a very short time, while the other is almost indestructible. There is a want of sameness in adaptability, for whooping cough spares very few of us, while, fortunately, the reverse obtains with glanders, and some others.

The manner and period of infection are widely dissimilar in many particulars. Variola is only communicable after the eruption, measles from the first sternutation, the first sigh. Hydrophobia can only be conveyed by inoculation, the germs being contained in the saliva alone, while syphilis is communicated in the same way, but the poison is contained in all parts of the body subject to it.

The noxious principle of cholera, as well, probably, as that of enteric fever, only becomes active after leaving the patient in the dejections,—one form of indirect infection. The experiments of Sanderson and others on mice, show that this statement is irrefragable, if we may reason from mice to men. As this may be objected to, I give a condensed statement of one series, that you may judge of their applicability.

“Pieces of filter paper were soaked in cholera evacuations, afterward they were saturated with bacon-fat, and fed to mice (evacuations perfectly fresh, had little or no action). Mice eating evacuations that had stood not more than twenty-four hours, were affected at the rate of 11 per cent.,—eating of paper prepared on the second day, 86 per cent.; on the third day, 100 per cent.; on the fourth, 71 per cent.; on the fifth, 40 per cent. Paper prepared later had no effect. Evacuations from mice had the same effect on healthy mice. The experiments of Thiersch are said to have been equally conclusive.”

The period of incubation is exceedingly various. Animals inoculated with the ephemeral form of the infective bodies—the developed vibrios of splenic fever—invariably die within thirty hours, while rabies, equally fatal, has an incubative period of from a single

day to many years. It has been supposed that the hydrophobic poison may be encysted, or in some way retained in the wound during these long periods, but this notion is negatived by the observation that the disease follows the same course when there has been prompt and free excision, or cauterization, or both, but more emphatically from the fact that the health of persons who have been bitten is frequently observed to be injured, the impairment generally consisting of irritability, peevishness, etc., symptoms which are intensified in the fully developed malady. Neither does the part bitten apparently influence much the length of time before the outbreak of the final fury. Some assert that the event occurs sooner if one is bitten in the face, but Francis Butler, of Brooklyn, was bitten in the hand, and in twenty-four hours he was dangerous to others during the paroxysms, and my informant, who was acquainted with him, believes that he died the day following, or within forty-eight hours from the reception of the injury.

There is also a distinction in regard to the choice of subjects. Some attack, with equal certainty and severity, the vigorous and the weak, the dissipated and the temperate, the cleanly and the filthy, the well nourished, and those suffering from want. One follows famine alone; another, filth, privation, and crowding; while with others the selection is apparent, but the condition which influences the preference is at present unknown. It is probable, as before stated, that some of these unwelcome guests invite themselves to a feast of effete matter, due to natural causes, while others subsist on normal constituents or qualities. The invariably fatal character of some may be due to their being of this last proclivity, and that the substance destroyed, or perverted, is essential to life.

• But with all their diversities, there are certain characteristics wherein they fully agree; in each the infecting principle has the power of multiplying itself indefinitely; they are alway true to their parentage; they are self-limiting.

It is not a little singular, if these diseases are not caused by living organisms, that the only points in which

they agree are precisely those that pertain to independent life, and to no other principle or process known to us. So evident is the similarity of vital processes and those of the contagia, that it was perceived by Hippocrates, and by all who wrote upon the subject, down to and including John Mason Good, all of whom compared their action to that of fermentation, before it was known that the latter was due to the growth of the *torula cerevisæ*. Good died in 1827; the yeast plant was discovered nine years later. In his "Book of Nature" he gives an inadvertent, and, it seems to me, a cogent argument, that infections are organized beings. In a single paragraph describing them and their habits, he uses, no less than nine times, such terms as prolific, propagate, procreate, give birth, etc. This was no accident. Good was one of the most accurate writers of his own, or perhaps of any age, and he uses the words because they exactly describe their behavior, and because no other language does define it.

There is one argument generally urged against this view: the acknowledged difficulty of always tracing their derivation. If it is allowed to be true that specific diseases do sometimes arise *de novo*, the admission would not *necessarily* nullify the germ theory, although I admit it would be yielding a very strong point; but it is highly improbable that they do so, for if there is at the present day spontaneous generation, it is almost infinitely improbable that there should arise a second independently originating being, precisely identical with another already in existence.

The power of self-multiplication is universally allowed.

The question of fidelity to origin involves that of change from one specific malady to another, after the inception of the former. So far as I know, no one claims that this occurs, except with one, or rather, as those who make the claim would say, with two morbid states, which are interchangeable. We admit that one may follow another immediately. A disorder whose incubative period is shorter than another, may be contracted later, fulfil its course, and be followed by one taken into the system before it. They may even alternate, the lesser, before

completing its path, yielding for a time to the greater, and resuming its way at the precise place at which it gave place to the other, when the latter had finished its career.

More than one morbid process, if specially affecting different tissues, may pursue their course at the same time. We may conceive of maladies acting on the same tissues in different ways, striving for the mastery. But we are told of two distinct specific diseases, which, pathologists agree, produce the same lesion, on the same tissues; not that one overcomes the other, nor that they alternate, but that one becomes the other by transition, if pertussis should become measles, without exposure to the causes of the latter. I think it is Roberts who, in his Practice of Medicine, asserts, that there may be a transition of diphtheria to membranous croup, or *vice versa*, and in this he is followed by some periodical contributors, who claim that they are both specific diseases. It is undoubtedly true that cases are not rare which clinically are undistinguishable. Now, as the theory of the essential duality of the malady seems to necessitate the adoption of the strange notion of the transition of specific disorders (which notion is opposed to all we know of such distempers, and, as we think, to natural laws), we cannot, until further enlightened, assent to that view. Preferably we consider membranous croup as one form, or location, of a *probably contagious disease*, the essential characteristics of which are the formation of peculiar false membranes on the mucous surfaces, with tendency to anæmia and paralysis, to which may be, and frequently are, added other symptoms, some very grave, whose presence or absence, however, do not affect identity.

As we have said, the argument usually urged against the opinion that so-called contagious diseases are *always* the result of contagion, is that sometimes we are unable to trace the connection between a given case and its antecedent. By studying the habits of some of what we call the lower forms of life, we may find that we have underrated their power of resistance to unfavorable influences and conditions, as well as too closely restricted their manner and form of existence.

From the observations of Steenstrup and others on the microscopic worms found in stagnant water (cercariæ), it is found that the generation is carried on through a series of broods, each brood differing from its parent and from each other, which different varieties live within mollusca of various kinds. There is also a wonderful tenacity of life among the lower orders, with revival after long apparent death. A nematoid worm has been observed to have evident vital movements after being an hour in boiling water; they live after spending eleven days in alcohol. The development of their ova may go on for several days while immersed in oil of turpentine, the vitality of these being more difficult to destroy than that of the developed parasite; they may remain eleven months in water without change. Under favoring circumstances the development of the young may be completed in two weeks, when they move briskly in the shell. They may be kept in this condition, motion being suspended by the cold of winter, to be again revived in the spring; they may pass the winter floating about in open ponds, or confined in frozen mud. They never break the shell, external causes determining their release. The vibrio tritica, a minute worm found in wheat, may be dried, and when moistened, after several days, resume its living, active state.

From the coincidence of a certain form of blight in rice, and an epidemic of cholera, in its home, Hindostan, the phenomena are there believed to stand in the relation of cause and effect.

Scwann, of Berlin, found, more than forty years ago, that a decoction of meat screened from common air, and supplied with calcined air, did not putrify. Putrescence was, therefore, caused by something in the air which flame would destroy; it was organic. But Tyndall found that these organic molecules were not destroyed if forced through a platinum tube, plugged with platinum gauze, the whole heated to dull redness, unless they passed very slowly; they were, however, diminished in numbers. They pass safely through concentrated sulphuric acid, and strong solutions of caustic potash as well. More

marvellous still, they are unharmed by concentrated, radiant, electric heat, sufficiently intense instantly to set wood in a flame, or to fuse gold, the latter requiring some 2,000 to 2,700° Fahr. They also withstand 125° Fahr. ; this almost incredible reduction of heat only temporarily benumbs them. Motion and proliferation immediately commence when the temperature rises above 32° Fahr. Tyndall found that if liquids containing them were boiled for a considerable time, they were not all killed. This result was, however, *always* reached if the boiling was sufficiently continued, some hours being required. Another example more nearly related to this inquiry is that of splenic fever infection. The cultivated spores of this vibrio may be moistened and dried repeatedly ; may be mixed with putrifying flesh and again dried ; and yet, after four years of this treatment, if they gain access to the living circulation, they still produce the distemper, and multiply their kind.

We have before asserted that, in our opinion, the belief that any case of contagious specific disease can only be propagated by the same causes which produce every other case of the same malady seems so in accordance with all we know of natural laws relating to the subject, that it undoubtedly long since would have commended itself to many, as it now does to some, of the profession, but for the principal and only real obstacle to its adoption, viz., the difficulty of tracing the dependence of every case on its progenitor. But we have seen from cercarice arise progeny unlike themselves and unlike each other, each particular form being adapted to its habitat, and by alternation ultimately reaching the original form, as the cysticercus in one animal becomes the taenia in another, which, again, is the parent of the cysticercus. Now if the spores or germs of monads, vibrio micrococci, and bacteria, or other forms of life composing the contagia, are as tenacious of life as we have seen some of them to be ; if they may, when affecting man, assume one form, and produce one order of symptoms, and when acting upon animals take upon themselves other shapes, with different habits, producing trains of disturbances, more or

less unlike those induced in the human subject (as is the case with some of the parasites); if these lower forms may even take up their abode in products of the vegetable kingdom, as is believed to be the case with the cholera infection already mentioned, and may increase and extend themselves there, ready at any time, under favoring circumstances, to take on their alternate form, as do the cercariæ; a proper appreciation of these facts may lead us to pause before making the seemingly improbable assertion that an epidemic of a known specific disease may arise without any dependence on a former case; certainly will we think of these things when deciding on the contagiousness of a malady known to be specific. It may be that we have been too ready to announce that certain of them were not communicable, for the reason that we applied improper tests. We learn the manner of one or two of the contagious disorders, and try all others by them. We find, for instance, that a great majority of the race are susceptible of variola and morbilli, and that the interval between the contact and the manifestation is quite uniform, and inasmuch as it is *claimed* that a considerable number escape the scarlatina and diphtheria, we are apt to question whether they belong to the same class. We may, however, be confronted by a statement which we cannot gainsay, that on account of the exceptional mildness of many cases of the latter maladies, very many of them would not be suspected, even by physicians, except for their appearance during an epidemic of the kind. Now, as very few of the *mild* cases are seen by those skilled in diagnosis, and as many others occur outside of a general epidemic, it follows that very many of those who pass unscathed through exposure, may do so by reason of a former protective but undetected attack.

I here stumble on another argument for the contagiousness of these latter diseases, which is, that one attack protects, though not necessarily, for a lifetime. A fair inference from our practice is, that all, so far as I know, believe that a person who has just had an attack of diphtheria, is not likely to have a second, and one attack of

scarlatina is supposed to render a second unlikely during life. Now I believe it is one of the best-settled points in the theory of medicine, "that any disease one attack of which protects, is contagious."

When we object on account of want of uniformity in time of incubation, as well as in some other features, it may be well to look at another disorder the communicability of which is beyond cavil (although it was once doubted by high authorities). It chanced to be one whose mode of communication is perfectly well understood, the precise moment of reception and inception can be accurately determined, and yet it has a latent period of more uncertain length than either — hydrophobia. Six dogs bitten in one night by the same spaniel, became rabid at different intervals, the first twenty-three, the last one hundred and eighty-three days after the bite. In persons the horror may be fully developed in a single day, or after forty years. The susceptibility of different animals is equally instructive. Two-thirds of the number of dogs bitten are infected, a majority of the horses, less than half of the neat cattle, one-third of the sheep, of persons, one in five. That comparative immunity for man arises from the teeth passing through clothing, is discredited by Mineres, who met with seven cases, in all of which the dog must have bitten through several folds, yet they all died.

I have spoken of the contagion of cholera as demonstrated by Sanderson and others. Fifty years ago the National Medical Council of Russia was convened to determine certain questions relating to this pestilence, which was then devastating that country. They decided by a vote of 21 to 3, that it was not contagious. In the final verdict promulgated to the world, the Council says, "Thousands of authentic facts, collected in hospitals and private practice, prove the nullity of contagion. It is now admitted that if touching the sick, and bestowing on them the attentions which they require, do not communicate the disease, the effects of the sick and dead, merchandise, etc., cannot possibly propagate it, and consequently the belief in indirect contagion is illusory."

Observe that while the premise may be correct, investigation has shown the deduction is wrong.

The Royal Academy of Medicine in France was more guarded in its published manifesto, but the members generally agreed with the profession throughout Europe. Some exposed themselves in many ways to infection, such as inhaling the breath, tasting the liquids vomited, and being inoculated with the blood of the cholera patients. Fortunately for them, but unluckily for medical science, they placed themselves to be acted on by direct contagion, taking it for granted, as evidently was done by the National Council above quoted, that the immediate included the intermediate. Had they assumed less, as some later investigators have done, and subjected themselves, as these later gentlemen have some of the lower animals, to indirect infection, while they probably would have suffered from an attack of cholera, we might have learned whether what we know of mice is true also of men.

If, as there is reason to think, the specific diseases are all due to independent living organisms, then it is probable all epidemics are contagious, and we have an interesting field of exploration before us, in which, by patient, persevering study, we may not only experience the gratification of successful research, but confer lasting benefits on mankind.

TREATMENT OF TETANUS.—Dr. de Nenzi proved in several cases of tetanus that medical treatment with drugs is of little benefit in this disease, and he succeeded more to his satisfaction when he kept his patient in a dark room, free from all noise. He puts his patient in a dark (not a darkened) room, the floor covered with heavy carpets, and the door is only opened once every four hours, in order to give nourishment; the meatus auditorius externus of the patient is closed with wax, and the strictest quiet enforced. The diet consists in beef-tea, eggs, white wine. Of four cases of tetanus thus treated, three recovered.—*Gaz. Med. de Paris*, 82, 1877.

EXTRA-UTERINE PREGNANCY.

BY HENRY HOLT, M.D., BROOKLYN, N.Y.

Case. — Mrs. S——, aged 42 years, mother of one child, 19 years of age. No other pregnancy. Has menstruated regularly. Last menstrual flow quite scanty. Has enjoyed good health, except the past two weeks has not felt quite as well as usual. Was seized instantly about 8 A.M., May 27th, 1878, with very severe pain in lower part of abdomen, somewhat resembling colic pain, with vomiting; surface bathed with cold perspiration; countenance sunken and cadaverous; pulse almost imperceptible. This continued perhaps near two hours, after which she gradually improved, and at evening was comparatively comfortable, although some prostration and nausea continued; also some tenderness of the abdomen. May 28, found her comfortable, except some nausea, or occasional vomiting. May 29, unchanged. The 30th, at about the hour as the 27th, was attacked in same manner, with threatened syncope, and all the symptoms named in first attack. Had severe pain in abdomen and back, and did not recover from the shock as readily as in the first instance.

Tenderness over the abdomen continued, and also some nausea and vomiting. Attended her daily until 17th of June, and frequently after that time until 18th July, 1878.

During all this time the most troublesome symptom was nausea, retching, and some vomiting, although not sufficient to cause alarm, as pregnancy was suspected. About July 1st made digital examination, and also by speculum. Everything appeared in a normal condition; was unable to discover any enlargement of the womb, or any unnatural condition of the parts. This, taken in connection with what transpired on the 27th and 30th of May, did not show an entirely satisfactory state of affairs, and yet hoped, that after passing the third month, would be better; and able to be out. She has been confined to her bed since first attack with continual nausea and vomiting, although by no means distressing after the first week of sickness. Will now call it July 18th, about 9

A.M., and another attack very similar to those already named. Saw her about an hour after attack. Pain and prostration more distressing than at either of the previous attacks, and hourly becoming more alarming. At 12 M., pain extending over whole abdomen and whole length of back. Abdomen distended; could bear very little pressure. Evidence of inflammation of uterus, or appendages. Prostration, with icy coldness of the surface and extreme suffering. Prognosis unfavorable. Determined to call counsel. Prof. J. H. Ward, of Brooklyn, arrived at 3 P.M. Heard full history of the case, and suspected pregnancy at once. Made digital examination with some difficulty, causing additional pain. Womb very sensitive to touch. Decided there was no foetus in womb of three months, as was suspected. Tympanitis increasing, and pain constant. Complains of terrible tearing pain through abdomen and back. Very little could be learned by external manipulation, on account of extreme tympanitic condition of abdomen. At 3 A.M., Dr. Ward re-called. Patient sinking rapidly, and suffering exceedingly, deathly cold, and nearly pulseless, and exhibits the same moribund condition that obtained early on the day of the 18th, and continued to sink until 9 A.M. of the 19th, when she expired. Time of attack until death, just twenty-four hours. Autopsy twenty-four hours after death, Drs. Ward and Beardsly assisting. Tied and removed the whole intestines. Three or four pints of dark and black blood lay in the abdominal cavity. Pelvic organs on the left side in normal condition, while on the right, at the fimbriated extremity of the Fallopian tube, was a tumor measuring probably seven to nine inches in circumference. Further examination showed it embraced both ovaries in the cyst wall. An opening was also found the size of an ordinary goose-quill, which was undoubtedly the point of rupture from which the hemorrhage came which caused her death. Cyst contained a female foetus at about the end of the third month. Found the womb normal, with formation of thin, decidual membrane. No odor, or evidence of decomposition. No abnormal discharge from the vagina during the past three months.

NOTES OF CASES OCCURRING IN THE OUT-PATIENT
DEPARTMENT OF THE LONDON HOMŒ-
OPATHIC HOSPITAL.*

*Cases Illustrating the Action of Aconite in Neuralgia and
Anæsthesia.*

BY DR. RICHARD HUGHES.

IN the July number of the *Monthly Homœopathic Review* of the current year, I have called attention to the facts relating to the action of *Aconite* upon the sensory nerves, and have discussed their significance and therapeutic application. I have shown that the loss of sensibility it causes on the surface is a dysæsthesia, which may go on to actual and considerable pain, especially in the parts supplied by the fifth nerve; and that the drug is therefore homœopathic to neuralgia, more particularly when associated with numbness of the parts, and affecting the branches of the trigeminus. I have also pointed out its applicability to conditions of "anæsthesia dolorosa," short of neuralgia, and among them to that which, felt in the extremities, indicates the state of the cerebral circulation which precedes apoplexy.

In providing a short paper for the present number of the *Annals*, I had hoped that from my out-patients' *clientèle* at the hospital I might have been able to present a few cases illustrating these applications of the drugs. The fates have been against me, however, and I have only two which I can put on record here, one of which is incomplete. They will serve my purpose, nevertheless, of directing the notice of my colleagues to other uses of this great medicine, whose fame as an anti-pyretic has somewhat overshadowed its no less certain powers as an anti-neuralgic, an anti-spasmodic, and an anti-rheumatic.

I.—The following case of prosopalgia presented itself on January 31st, 1878:

Mrs. C——, aged 44, for six months has suffered from continuous pain on the left side of the head. It was first felt most in the vertex, but now involves the infra-orbital region — the eye seeming to be the centre of the suffering. There is much lachrymation when the pain is bad, also burning of the eye, and sometimes swelling. The pain

* Reprinted from the *Annals of the British Homœopathic Society*, and *London Homœopathic Hospital*, August, 1878.— *Monthly Hom. Review*.

altogether is of a burning character, and dull rather than sharp. It is worse in the evening, but better at night, and otherwise when she is quite still. It is also better at the catamenial period. The patient is in fair general health, of sanguine temperament, and good nutrition. *Aconite* 1^x, two drops three times a day.

February 7th. — The report is, "Not so much pain this week." Continue.

February 21st.—The patient says that she has no severe pain now, and asks me to prescribe for her feet, which become tender and hot when she stands upon them, and incommode her greatly. For this I gave *Arnica* 1, three drops night and morning.

March 7th.—Her head has not been so well since leaving off the *Aconite*, though her feet are better. I therefore returned to it as before.

March 14th.—The head is much better again.

I now treated her for some troubles connected with the approaching climacteric, and she had no return worth mentioning of her six months' daily companion.

In illustration of the relation of *Aconite* to trigeminal neuralgia, I would mention Dr. Dekeersmaecker's experience with it in glaucoma. This affection is one of the many trophic disorders which have been observed in connection with neuralgia of the fifth, and has been experimentally produced by irritation of this nerve at its origin. Our able oculistic colleague at Brussels has perceived the applicability of *Aconite* to it accordingly; and he states: "I know of no therapeutic agent capable of modifying more rapidly and more profoundly glaucomatous accidents in cases where the pains simulate tic douloureux, with analgesia or hyperæsthesia of the face. I have seen demonstrative instances of this kind, and I propose to record them some day in this journal." *

II.—On the 22d of February, a woman of fifty-eight came to the hospital, complaining of numbness of the whole right side of the body, including the head, which was painful and *cold*. Stooping greatly increased the pain. She was giddy, with a tendency to fall to the right side; and deaf on the left ear, with tinnitus.

She had some other troubles, which led the house-surgeon (from whose notes I take this account) to give her *china*. When I saw her, on March 7th, she complained of her numbness being much worse, and of tingling with it. *Aconite* 12, three drops night and morning.

March 21st.—No change. *Aconite* 8^x, two drops three times a day.

* *L'Homœopathie Militante*, June, 1878, p. 271.

April 4th.—No better; speaks of being in much pain. *Aconite* 1², two drops three times a day.

April 18th.—The giddiness is better; otherwise she is the same. Continue.

May 2d.—*In statu quo*. *Aconite*, a drop three times a day.

May 16th.—Much less numbness in the arm. Continue.

May 30th.—Leg also better, but very giddy again. *Agaricus* 1², two drops three times a day.

June 18th.—Less giddy, but rather more numb. *Aconite*, two drops three times a day.

Though it does not appear in the notes, I should add that this patient was much freer from pain, and looked brighter and better; she also expressed herself as much benefited by the treatment.

I have had recently a case in private practice, which I had much hoped to have cured with *Aconite*, but which has not yet terminated. She was forty-seven years of age, and in good health; the catamenia still regular. Fifteen years ago she had a fall, and struck her back rather severely against the roots of a tree. She had a large bruise; but beyond that, did not at the time appear to have injured herself. Gradually, however, she became subject to a painful feeling of numbness coming over her whenever she went to sleep, by night or by day, waking her often four or five times a night. It was felt specially in the arms, but sometimes over the whole body. The only associated symptoms were frequent palpitation, and an uncomfortable feeling of fulness about the throat. I could find nothing else wrong with the patient.

Aconite 8, which I first gave (September 6th, 1877), relieved the throat and quieted the heart, but did not touch the numbness. The third decimal was equally without effect. From the first decimal decided improvement was reported, and the palpitation disappeared; but the throat became more uncomfortable. Thinking that this might be a local effect of the low dilution, I ordered it to be discontinued for a week, and then resumed. It had the same effect, however, and the numbness was reported as being as bad as ever. I now tried *Cannabis Indica*, which is the only drug besides *Aconite* which causes general anæsthesia, but without effect. On January 4th I returned to the original drug, giving it in the form of *Aconitine*, the third decimal dilution of which was to be taken in increasing doses. After a fortnight of this, improvement in the numbness was again reported, but a neuralgic attack had set in in the face; worse at 5 P.M. and 5 A.M. This left her suddenly, though she continued to take the medicine;

but the numbness was reported (February 6th) as again on the increase. I now went to the other end of the scale, and gave her *Aconite* 30. She wrote to report a seeming aggravation for a few nights, but then a decided improvement, in place of the numbness feeling a "crawling, restless sensation all over her." This is the last I have heard of her.

NOTE.—The day after sending the above paper to the press, I received the following communication from my patient:—

"I do not know whether you expected to hear from me again or not, but as you appeared interested in my case, I thought I should like to tell you of the success of your treatment, especially as others have so totally failed to relieve me. As you said 'that was the only medicine that would do me good,' I have continued to take it, leaving off a week or two now and then; and I am happy to say I am very much better, although the numbness has not *entirely* ceased.

"My nights are much more comfortable. I am not often disturbed with it until morning, and it is quite confined to my hands. Occasionally I have had a bad night, but I always think it has been after a little extra worry, but it has only been for a night.

"The palpitation has not returned, nor the unpleasant sensation in my throat. I felt the numbness in my hands years before it extended to other parts; so I expect it will be felt there the longest."

It will be seen that it was from *Aconite* 30 that the final improvement occurred. In speaking of the temporary aggravation, but subsequent amelioration, which ensued upon taking this dilution, she remarked, "In this it has been different from the effects of all previous treatment I have had, and also of the prescriptions I have hitherto received from yourself."

Cases of Diseases of Children.

BY H. THOROLD WOOD, ESQ.

In a vast proportion of cases that are treated in the out-patient department of a hospital, one has not the opportunity of witnessing the convalescent stage, for it is but natural that parents should be anxious to avoid the inevitable inconvenience of waiting several hours for their turn to be seen, and they come no more as soon as ever they are a great deal better. The diseases recorded below, however, were exceptions to the general rule, and it was this circumstance, added to the fact that the action of the remedies prescribed was as

evident as it was satisfactory, that influenced me in their selection for publication.

Catarrhal Ophthalmia.—A common and distressing form of disease, found more especially among the children of the poor, is catarrhal ophthalmia. From the circumstance that exposure to cold and damp, together with insufficient and innutritious food — too often the lot of these unfortunate little things — are the main causes of this complaint, it naturally follows that the surroundings of the patients are serious obstacles to recovery. Nevertheless, in spite of these difficulties, I have been able in a considerable number of cases to afford immediate relief, and effect a rapid cure by the internal administration of *Belladonna* 3. One or two cases, that did not seem to progress as favorably as I could have desired under the influence of *Belladonna*, were benefited to a remarkable degree by *Euphrasia* 6. It was in these cases that I observed the most abundant flow of tears, and an eruption of miliary pimples round the eyes.

In cases that were brought to the hospital after they had assumed the characteristic symptoms of the chronic state — chief among which may be mentioned diminished pain, with, if possible, more intolerance of light than in the acute stage — *Silicea* 6 ere long effected a vast improvement, and even under the worst of auspices, when persevered with, a permanent cure was brought about. It will not, I imagine, detract any lustre from the virtues of the above remedies to mention that frequent bathing of the eyes with warm milk-and-water was resorted to, and the edges of the eyelids smeared with simple ointment at bed-time, these observances being carried out to remove the purulent matter already collected, and by obviating the agglutination of the eyelids, to allow of the escape of pus during the night.

Granular conjunctiva. — This affection of the conjunctiva, especially of that part which lines the eyelids, is not unfrequently treated by the old school of medicine by scarification, and subsequent application of lunar caustic or of sulphate of copper. Here, again, by the exhibition of *Silicea* 6 (two pilules three times a day), I have had the most fortunate results, even in pale, flabby, scrofulous children. The cures were remarkably quick.

Opacity of the cornea. — A frequent sequel to chronic conjunctivitis is opacity of the cornea, which is seen either in its diffused form as a *nebula*, or in a denser aspect as an *albugo*. Several cases of the former, I have found to readily yield to *Cannabis Sativa* 3, but a primary course of *Mercurius solubilis* 6 was needful to disperse the *albugo* before the *Cannabis* could be effective.

Asthenia; Hypermetropia. — Rapid improvement followed the exhibition of *Argentum nitricum* 6, in the case of a boy eleven years old, who was suffering the greatest inconvenience arising from double vision, caused by hypermetropia. He had a dull, aching pain almost constantly, and distressing confusion of sight followed after reading a short time, making the lines to appear to run into one another, the print to become dim, and the eyes to feel hot and full. To obviate the diplopia he had contracted a habit of squinting, and it was feared that this convergent strabismus would become permanent. The eyelids were red and swollen. The pupils of the eyes were much dilated, and it may be assumed that the ciliary muscles were in a state of atony. However, certain it is that, under the influence of a short course of *Argentum nitricum* 6, the lad's sight marvellously improved, and at a recent visit to the hospital I found him comfortably reading a book, by way of passing the time pending my arrival.

Ozaena. — This affection may be described as a symptom rather than a primary disease, for although it may sometimes arise spontaneously, it generally follows as a consequence of other ailments, such as congenital syphilis, scrofula, or the exanthemata. The syphilitic form I have found to be attended by the best results when *Mercurius corrosivus* 3 was administered. For scrofulous children, and those exhausted by attacks of fever, *Mexereum* 8 has proved of signal service, all traces of the foetid discharge being entirely removed within a week or ten days.

Onychia maligna. — Severe cases of this painful affection come under my care from time to time. When the previous history of the patient has revealed syphilitic taint to have been inherited, I have generally resorted to *Mercurius corrosivus* 8, or, on this remedy failing to remove the evil, to *Nitric acid* 5. The part has been ordered to be kept enveloped in cold water dressings, and but a short time has elapsed before the little patients are quite well. In scrofulous subjects, or those in whom the affection has occurred through accident, the best effects have been secured by a course of *Lachesis* 6.

A dreadful case of this kind, in a girl of eleven years old, was put under my charge some months ago. She had been an out-patient at many of the metropolitan hospitals, but matters had at first steadily but afterwards rapidly gone on from bad to worse, so that when the mother came with the child, her first question was, whether I thought the finger could be saved. The aspect of affairs was certainly anything but promising, the worst feature of which appeared to me to be the advanced atrophy of the finger. The nail had

been allowed to grow to fully two inches in length, and the patient screamed at the bare suggestion of its being cut. A fœtid, sanious discharge welled up from beneath the nail to the tip of the finger, and was here congealed into a disgusting mass, by the nail having almost formed a tube by incurving on either side upon its long axis. The integument about the root of the nail was of a tawny-brown appearance, bordering upon purple in parts. Always painful, at night it was more than she could bear.

Knowing the wonderful curative action of *Lachesis* in these cases, I gave the mother every hope of being able to save the finger, but informed her that the chances of its being a useful member were very poor. All the more annoying as it was the index-finger of the right hand. The *Lachesis* excelled my fondest expectations. Not only did the ulcer heal, but the finger, to a good extent, resumed its proper proportions, and sufficient mobility was in time restored to it, so as to allow of the girl wielding her pen somewhat indifferently. The only external application used was cold-water dressing, which had been resorted to long before I saw her, and therefore the action of the *Lachesis* was not in any way obscured.

Idiopathic cramp of the muscles of the extremities.—The etiology of this disease is obscure. The brain and spinal cord would not appear to be involved. Many consider that it is a form of rheumatism, but the occurrence of idiopathic muscular spasms during the course of, and convalescence from, acute and chronic diseases, which seriously implicate assimilation and nutrition, seems to indicate that it is due to some derangement of the tissues, thereby causing functional disturbance.

The latter theory is, I think, substantiated in the cases of two little boys, brothers, aged respectively eight and six years, who were under my care in March, 1877. For some time prior to their becoming out-patients at the hospital the parents had noticed their failing appetite, a loss of flesh, and increasing lassitude. Then they complained of pains in their hands and feet, with a slight feeling of stiffness. It was thought that they had caught cold, and that these pains were, perhaps, rheumatic. The usual domestic remedies were resorted to — hot baths, rubbing with hartshorn and oil, etc. — all to no purpose. The pains grew worse, the stiffness became cramp, and the strength ebbed fast. Now, thoroughly alarmed, the mother thought it was high time to seek medical advice. The previous history did not, it is true, reveal the occurrence of any exhausting attacks of fever, but growth and development seem to have been very much retarded, for the boys were remarkably small and stunted for their age.

In Jahr's *Manual of Homœopathic Medicine*, the following symptoms are given as the result of the pathogenetic properties of *Nux vomica* in large doses :— "Tension and rigidity, numbness and torpor, heaviness, lassitude, and paralysis of the limbs."

These symptoms the boys were suffering, with only short intervals of ease, when I first saw them. Accordingly *Nux vomica* 3 was prescribed (pilules three times a day). For about a week after taking the medicine the symptoms became worse (whether this was because the course of the disease had not as yet been arrested, or that it was the effect of the medicine, I am not prepared to say), and then a marked change for the better set in. In a month's time from the commencement of the treatment by *Nux vomica*, the lads were quite well.

THE TREATMENT OF ASCITES BY ABDOMINAL COMPRESSION. — Dr. Stephen Mackenzie observes that there are numerous ways of treating the ascites dependent upon contraction of the liver. Alteratives, drastics, diuretics, tonics, compelling the patient to satiate his thirst from his peritoneal cavity, simply keeping him at rest in bed — all have their advocates. He, however, has found that in cases where there is any tendency to absorption, this may be greatly accelerated by a simple method — that of abdominal pressure; whilst in cases in which absorption does not appear to be taking place, the same plan is often successful in removing the fluid. He records a case in which a woman, aged forty-one, was admitted under his care into the London Hospital with ascites, which had been increasing for the space of a year at the rate of an inch a month. She was much emaciated, and had œdema of the legs. The urine was freely discharged. After some preliminary treatment, the abdomen was ordered to be tightly bound with a flannel bandage, so as to exercise pressure. When first applied the pressure caused a feeling of sickness, but this was soon borne without discomfort, and appeared to afford relief. A properly-made abdominal support was now constructed, which could be tightened to a considerable degree. By degrees the fluid effused diminished in quantity, and for nearly three years she has had no recurrence of ascites. The plan was equally successful in a second case, and he strongly recommends that further trial should be made of it.— *British Medical Journal*, April 20, 1878.

THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, OCTOBER, 1878.

WE are very sorry to learn that the *Hahnemannian Monthly* has been forced to suspend from lack of proper support. It was one of the best Homœopathic journals in the field, and during its existence it has probably done more to support our cause than any other; its management has been good, its editorials able, and the tone of its articles high; notwithstanding all this, the crisis has come, and it has been obliged to withdraw. The editor, in his valedictory, tells the profession some wholesome truths, and very properly says that unless our journals are better supported, both with articles and pecuniarily, many another will have to follow the example of the *Hahnemannian*.

We have not been so long in the editorial chair as Dr. McClatchey, but still long enough to appreciate the difficulties, and to be able to second him in *all* he says about the labor and trouble which have to be expended to secure even a partial success.

It is very discouraging, as the first of a month draws nigh, to find but little on hand; but such is often our experience, and undoubtedly that of every other editor in the country; more discouraging than that, however, is the reception we meet when soliciting articles. We are told, by men of large experience, that they have nothing of interest to report; by others, that the tone of the GAZETTE is not what it ought to be; by others still, that certain gentlemen monopolize its columns, and so on through a long list. To the first, of course we can say nothing; to the second we say that if the tone is not what it ought to be, they have the remedy in their own hands, and we shall be glad to give them an opportunity to apply it; to the third class we reply by an indignant denial, for we show no favor to one more than another. There are a few men who are willing to write, and such are deserving of all praise; but it can scarcely be said that they hold a monopoly unless the articles of other men are rejected in favor of theirs. The truth is, that this class of chronic fault-finders never give us an opportunity either to accept or reject an article.

We regret, exceedingly, that Dr. McClatchey has been forced to take this step, because it gives the outside world the impression that

Homœopathy is on the wane, and offers an opportunity to the dominant school to exult over what they will term symptoms of approaching dissolution. It remains, then, for the profession to take hold with a will, and show the Old School as well as the laity that Homœopathy still lives and flourishes. We must arouse from our lethargy, and realize the necessity of continuing to work, even though our system appears well-grounded, ever mindful of the fact that while it is in the highest degree praiseworthy to institute a reform, it is absolutely necessary to maintain and support it, in order that it may reach its full fruition. Hahnemann instituted a much-needed reform, and during his life endured a great deal for its sake, illustrated it in his daily practice,—in short, *worked* for it. Shall his followers do less?

The periodical literature is the best channel through which to show the results of our practice; the older men should make use of it as a means of helping the younger ones, and the young men should write for it in order to show that they profit by their instruction, and to give further corroboration of the strength of our system. Let every one write; short, practical articles, bits of clinical experience, are most needed, and are most useful. Let no more journals suspend from lack of support. We hope to see fresh interest arising on every hand,—enough, in fact, to warrant Dr. McClatchey in assuming again the duties of the editorial chair which he has so long and so faithfully discharged.

WE have received the following from the Homœopathic Hospital College of Cleveland, Ohio, which explains itself:—

To the Editor of New England Medical Gazette:

DEAR DOCTOR,—Referring to the erroneous reports which have of late appeared in the public journals, will you kindly inform your readers that this College opened its winter session at the appointed date, and with an unusually large attendance; also, that we have abundant material for anatomical purposes. Very truly yours,

J. EDWARDS SMITH, M.D.

CLEVELAND, O., Oct. 8, 1878.

Secretary of the Faculty.

WM. H. HOLCOMBE, M.D., of New Orleans, writes: "I am overcrowded with hard work. The type of our fever is very malignant. My loss has, so far, averaged about *ten* per cent., against an acknowledged allopathic loss of twenty per cent."

To show that one, at least, of our Allopathic brethren is disposed to investigate our method of practice, we publish the following from the initial number of the *New York Medical and Surgical Brief*, edited by E. J. Fisk, M.D.

FOUR CASES, SHOWING THE ACTION OF PULSATILLA IN NEURALGIC GONORRHOÆAL AFFECTIONS OF THE TESTIS.

BY F. B. STURGIS, M.D.

Clinical Lecturer on Venereal Diseases in the Medical Department of the University of the City of New York. One of the Visiting Surgeons to Charity Hospital (Department Skin and Venereal), etc., etc.

A CONDENSED record of the four following cases may not, perhaps, be without interest to the readers of the Journal as calling attention to the possible value of a remedy which has been neglected by the medical profession.

CASE 1.—*Neuralgia of testis accompanied with gleet and stricture.* Recovery.—E. H., admitted to the Charity Hospital, complaining of severe pain in the right testicle, which extended for some distance along the spermatic cord of the same side, was increased upon pressure, and was attended by a severe and constant pain in the small of the back. This pain in the testes was of a darting, spasmodic character, and had lasted for two years. There was also found a slight mucus discharge from the urethra, and a stricture in the deep portion of the canal.

On entrance, and up to December 9, he was placed upon *Cinchonidia*, with no appreciable benefit. Upon that date he was put upon the tincture of *Pulsatilla* in *minim* doses, diluted with water, repeated every hour. No local applications were used. Within 48 hours after using the remedy he professed himself relieved of the pain, and could endure free handling of the testis and cord. I therefore stopped the medication, and awaited results. No further return of pain occurring, he was discharged on the 9th of January, 1878.

Let me say that upon December 20, 1877, he was operated upon for his stricture, but as that has no bearing upon this subject, the details are omitted.

CASE 2.—*Gonorrhœal Epididymitis, accompanied with Stricture.* Recovery.—O. B., admitted to Charity Hospital November 17, 1877, with gonorrhœal discharge of three months' duration, and stricture of the deep urethra. After he had been in the hospital for nearly a

month he was attacked (Dec. 15) with swelled testicle on the right side, attended by tenderness, redness, and pain, which extended up the cord to the inguinal, upon and down the thighs. The epididymis was exquisitely tender to the touch. The patient was put upon the *Tincture of Pulsatilla* in the same doses, and in the same manner as in No. 1. This was not, however, done until one week after the beginning of the trouble (Dec. 23), other remedies being tried, but without avail. After using the *Pulsatilla* for 48 hours, the pain diminished, and 24 hours later had entirely abated, when the medicine was stopped (Dec. 26). An expectant treatment was then adopted, and it was noticed that though the pain had ceased, the epididymis remained swollen. Nothing ensued until January 1, 1878, six days after discontinuance of the medicine, when the pain returned. The *Pulsatilla* was resumed in the same manner for two days, the pain was entirely relieved, and from the 3d of January to the time of his discharge from the hospital, several weeks later, it had not returned. After the second attack the epididymitis became smaller, but probably not from the action of the *Pulsatilla*.

CASE 3.—*Epididymitis from Gleet and Stricture.* Recovery.—J. R. entered the hospital December 24, 1877, with a gleet and a deep-seated stricture. The stricture was treated by gradual dilatation, when, on December 25, he complained of pain in the right testicle, attended with a discharge from the urethra. On the 26th the pain was worse, and extended up the spermatic cord; temperature 102° F. The patient was put upon the mother *Tincture of Pulsatilla* in the same way and doses as the other two cases. On the 29th the pain had all gone, but the swelling had increased. The *Pulsatilla* was then stopped; the testicle gradually became smaller, and up to Jan. 10, 1878, the pain had not returned.

CASE 4.—*Gonorrhœal Epididymitis.* Recovery.—F. H. entered the hospital Dec. 9, 1877, with a swollen and painful left testis, slight discharges from the urethra, and painful micturition. Epididymitis had lasted ten days, and now the testis was very tender and large in size. He was at once put upon the *Tincture of Pulsatilla*, *minim doses every hour*, which was continued from the 9th to the 11th, when, the pain ceasing, the medicine was discontinued. Nothing happened until the 18th inst., when the pain returned. The *Pulsatilla* was resumed in the same manner as before during the 18th and 19th inst., when the patient being again relieved from pain, the treatment was suspended. He was discharged several weeks later, during which time the pain had not returned.

The preparation used in the above cases was the Homœopathic mother tincture, and this was done to give the remedy a fair trial, by employing the same preparation as the Homœopaths themselves.

We note two points prominently brought forward — the rapid relief from pain, and its return, if the remedy is too soon abandoned. One other point is deserving of notice — that although the pain was apparently relieved by the *Pulsatilla*, the drug had no influence in reducing the size of the inflamed gland. I have used the remedy in many other cases since, in the same and smaller doses, with fairly satisfactory results. Whether further experience will cause me to modify my present good opinion, remains to be seen. At any rate, I hope other medical men may be induced to give *Pulsatilla* a trial in similar affections of the testis; as, should it prove the value claimed for it by Homœopaths, it is an immense improvement upon the present methods of treating these diseases. Let me add, that though these four cases were kept in bed while taking the medicine, in subsequent cases I have kept the patients on their feet without interfering with the action of the drug, a point which is, in many cases, of importance to the patient.

It seems to me that, at a time when there is such widespread and prolonged suffering as the afflicted Southern cities have known for so many miserable, hopeless weeks, all prejudice should be cast aside, and relief for the afflicted from all sources receive encouragement. Yet such is not the case. The Homœopathic Relief Association of New Orleans, No. 132 Canal Street, of which Mr. Albert Voorhies, one of the most esteemed lawyers of that city, is President, has issued a circular which is now before me, in which it is set forth that physicians of the Homœopathic School have, during yellow-fever epidemics, in the past, as well as during the present pestilence, had the greatest success in treating the disease, and yet general contributions from abroad sent to other associations are applied to the sick through Allopathic practice only, and those desiring Homœopathic treatment derive little benefit therefrom. To enable the Association to reach some of these, an

APPEAL IS MADE TO ALL FRIENDS OF THE PRACTICE.

My attention has been called to the matter by Dr. Verdi, of this city, so long President of our Board of Health. I have seen telegrams and letters from the most reliable sources attesting the success of Homœopathic treatment of yellow fever. Dr. Belden, one of the

Homœopathic Relief Association, out of one hundred cases lost but one. Dr. Verdi published this fact in the *Post*, of this city, in September, and the editor, in commenting on it, said, if true, it deserved the attention of the public. Promptly after the *Post* reached New Orleans, Dr. Verdi received a telegram confirming the statement, signed by C. J. Fisher, the Secretary, and Albert Voorhies, the President of the relief association above named. Senator Bayard, on reading the paragraph in the *Post*, sent to Dr. Verdi his check for \$25, to be sent to the Homœopathic Yellow-Fever Fund in New Orleans.

A letter is before me from a respected Homœopathic physician in Newton, Mass. (Dr. Edward Scales), to Dr. Verdi, suggesting that, as the Committee to investigate the causes, etc., of yellow fever will not be likely to ascertain the superiority of the Homœopathic treatment, Dr. Verdi should try to bring about the appointment of a separate committee to report the facts in regard to the practice and success of this school in yellow-fever cases, so that the public may be enlightened on the subject, and justice may be done. Dr. Verdi is now working in the hope of organizing such a commission, and, if successful, will place the testimony so obtained before Congress, when the report from the investigation now being organized under the control of Dr. Woodworth, is laid before that body. Dr. Falligant, of Savannah, Ga., in an "open letter to the President of the United States," in speaking of the Commission now organized, says that, by past experience, he is "justified in believing that the investigation will deliberately shut off the grand truths of successful treatment everywhere exhibited by a school of practitioners which the surgeon-general's office pretends to exclude from the medical profession, but whose brilliant success in yellow-fever epidemics presents beacon-lights of guidance for suffering people." He adds, with pardonable sarcasm, "From the manner in which the Medical Department of the Government has been heretofore run, one would imagine that Allopathic physicking was a part of the United States Constitution."

Dr. Verdi has also received a telegram asking him to request of the Secretary of State, for the use of the Homœopathic Relief Association of New Orleans, a share of the relief fund sent from Paris.

I am sorry that the philanthropic Mrs. Elizabeth Thompson, who has so liberally pledged funds to the investigation under Dr. Woodworth's supervision, did not make it obligatory to receive reports from practitioners of both schools of medicine. All that is asked by the Homœopaths is equal recognition.

MISS GRUNDY.

— *Boston Herald.*

SOCIETIES AND INSTITUTIONS.

MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY. — A large and interesting meeting of this Society was held in Pilgrim Hall, Wednesday, Sept. 4th, at 2 P.M., the Vice-President, Dr. O. S. Sanders, of Boston, presiding. After transacting the usual preliminary business, the following physicians were elected to membership: viz., Horace C. Bartlett, M.D., of Boston; Alonzo Boothby, M.D., of Boston; A. J. Baker, M.D., of Boston; Arvilla B. Haynes, M.D., of Boston; E. P. Goodrich, M.D., of Boston; Sarah E. Sherman, M.D., of Salem; James Utley, M.D., of Newton; Ira B. Cushing, M.D., of Brookline; C. S. Jackson, M.D., of Hudson; Francis Brick, M.D., of Worcester; L. G. Howe, M.D., of Worcester; Chas. L. Nichols, M.D., of Worcester.

Papers were read on the following subjects: viz., Stenotic Sterility, by H. K. Bennett, M.D., of Fitchburg; Paraffine Soap as a valuable agent in the treatment of Chronic Cervical and Vaginal Catarrh, by Prof. J. H. Woodbury, of Boston. Many new and valuable surgical and gynæcological instruments were on exhibition by Messrs. Codman & Shurtleff, and Tieman, of New York. The agent of Wm. Wood & Co's. well-known publishing-house in New York, was present, and presented the Society with many new and valuable publications.

After a lengthy discussion of the papers read, and the report of many interesting clinical cases, the Society adjourned until its next regular time of meeting in December next.

GEO. H. PAYNE, M.D.,

Secretary.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner Third Avenue and Twenty-Third Street.— *Report for the Month ending Sept. 30, 1878:—*

Number of Prescriptions	3,283
“ new Patients	456
“ Patients resident in the Hospital	21
Average daily Attendance	181
Largest “ “	185

J. H. BUFFUM, M.D., *Resident Surgeon.*

BOOKS AND PAMPHLETS.

STRICTURE OF THE MALE URETHRA. Its Radical Cure. By FESSENDEN N. OTIS, M.D., Professor of Genito-Urinary Diseases, College of Physicians and Surgeons, New York; Surgeon to Charity Hospital, etc. New York: G. P. Putnam & Sons.

THIS work, of some three hundred and fifty pages, treats most exhaustively of all the diseases of the male urethra. Among the important divisions of the subject may be mentioned, "chronic urethral discharges," their varieties, causes, pathology, and treatment. Under this head the author mentions folliculitis, and the formation of what he styles "follicular sinuses," illustrated by cases, "urethrotomy," dilating external and internal "urethral calibre," "perineal fistulæ," "relation of gleet to stricture;" consideration of Otis' operation for treatment of incipient stricture; reports of cases; statistical tables, etc.

The subject is treated throughout in an exhaustive and masterly manner, each portion being illustrated by instructive cases from the author's and others' clinical experience.

The book is presented by Messrs. Putnam & Sons, in good type, and plain, serviceable form.

THE MEDICAL, SURGICAL, AND HYGIENIC TREATMENT OF DISEASES OF WOMEN, especially those causing Sterility, the Disorders and Accidents of Pregnancy, and Painful and Difficult Labor. By EDWIN M. HALE, M.D. Boericke & Tafel. 1878.

THIS book appears to be a faithful and exhaustive treatise on the subjects mentioned. We think it will be an invaluable aid to the physician. It adds one more to the long list of good things from Dr. Hale's pen.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. For the Use of Physicians and Students. By JAMES TYSON, M.D. Philadelphia: Lindsay and Blakiston. 1878.

THIS manual has reached its second edition, and has been somewhat revised and improved. It is written in an easy, flowing style, and is excellent reading. It is undoubtedly the best and most convenient book on the subject.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS.

FOR many years past Messrs. Wm. Wood & Co. have had under consideration the feasibility of reproducing books, especially of foreign authors, in good style, and yet at prices greatly less than heretofore attempted. The high cost of labor, and of all the materials used in the manufacture of books, has been an insuperable obstacle. Even now it would be impossible to carry out systematically any such idea if the ordinary methods of trade were depended upon. It is believed that the medical profession will welcome and generously sustain any well-directed effort of such character, and, consequently, the following scheme has been prepared with much care, and is respectfully submitted for their approval and support:—

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The following will be published in 1879: On "Rest and Pain." A course of lectures on the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases, and the Diagnostic Value of Pain. By John Hilton, F.R.S., F.R.C.S. Edited by W. H. A. Jacobson, F.R.C.S. This valuable work will make

a volume in this library of over three hundred pages. It is profusely illustrated by one hundred and nine fine wood-engravings.

“Diseases of the Intestines and Peritoneum,” comprising articles on Enteralgia, by John Richard Wardell, M.D.; Enteritis, Obstruction of the Bowels, Ulceration of the Bowels, Cancerous and other Growths of the Intestines, Diseases of the Cæcum and Appendix Vermiformis, by John Syer Bristowe, M.D.; Colic, Colitis, and Dysentery, by J. Warburton Begbie, M.D.; Diseases of the Rectum and Anus, by Thomas Blizzard Curling, F.R.S.; Intestinal Worms, by W. H. Ransom, M.D.; Peritonitis, by John Richard Wardell, M.D.; Tubercle of the Peritoneum, Carcinoma of the Peritoneum, Affections of the Abdominal Lymphatic Glands and Ascites, by John Syer Bristowe, M.D. (Taken from Reynolds’ System of Medicine.) These articles will make a volume in this Library of about two hundred and fifty pages, with numerous illustrations.

“A Practical Manual of the Diseases of Children.” With a Formulary. By Edward Ellis, M.D. Third edition. This book will make a volume in this library of about two hundred and seventy pages.

“Diseases of Women.” By Lawson Tait, F.R.C.S. This work will make a volume in this library of over two hundred pages.

“A Clinical Treatise on Diseases of the Liver.” By Dr. Fried. Theod. Frerichs. Translated by Charles Murchison, M.D. This classical work — the most valuable ever written upon this subject — will make three volumes of this library of about three hundred pages each. They will contain three full-page plates, and numerous fine illustrations on wood.

“Infant Feeding and its Influence on Life; or, the Causes and Prevention of Infant Mortality.” By C. H. F. Routh, M.D. Third edition. This very practical book will make a volume in this library of about two hundred and eighty pages.

The titles of the remaining four volumes for 1879 will not be announced until later in the season, in order to avail ourselves of whatever may appear in the announcements of books, to be published next year, which are usually made in October.

THE ANTAGONISM OF THERAPEUTIC AGENTS, AND WHAT IT TEACHES.
By J. MILNER FOTHERGILL, M.D. Philadelphia: Henry C. Lea.
1878.

ON THE THERAPEUTIC FORCES. By THOMAS J. MAYS, M.D. Philadelphia: Lindsay and Blakiston. 1878.

THE PHYSICIAN'S VISITING LIST FOR 1879. Philadelphia: Lindsay & Blakiston.

WE have already taken occasion in previous years to commend this call-book, so that it is only necessary to reiterate that it is one of the best in the field.

ITEMS AND EXTRACTS.

HOW TO RESTORE THE APPARENTLY DROWNED.—Under this heading Dr. Howard has issued the following directions for carrying out what he terms the "direct method."

1st. *Instantly* turn the patient downwards, with a large firm roll of clothing under the stomach and chest. Press with your weight two or three times, for four or five seconds each time, upon the patient's back, so that the water is pressed out of the lungs and stomach, and drains freely downwards out of the mouth. Then

2d. *Quickly* turn the patient's face upwards, the roll of clothing put *under his back just below the shoulder-blades*, the head hanging back as low as possible. Place the patient's hands together above his head.

Kneel with patient's hips between your knees.

Fix your elbows against your hips. Now, grasping the lower part of the patient's chest, squeeze the two sides together, pressing gradually forward with all your weight, for about three seconds, until your mouth is nearly over the mouth of the patient; then, with a push, *suddenly* jerk yourself backwards. Rest about three seconds, then begin again.

Repeat these bellows-blowing movements so that the air may be blown into the lungs about eight or ten times a minute.

Remember the above directions must be used *on the spot*, the instant the patient is taken from the water. A moment's delay, and success may be hopeless. As soon as the water is pressed from the lungs, all clothing should be ripped away from the chest and throat. In making the pressure either for the removal of water, or for breath-

ing, increase it *gradually* and thoroughly, and *suddenly* let go with a jerk. With women and children use less force.

Do not stop these movements under an hour unless patient breathes. Be careful not to interrupt first short natural breaths. If they be long apart, carefully continue between them the bellows-blowing movements as before.

After breathing is regular, keep patient warm with blankets, rubbing with warm hands, etc. Prevent crowding around patient; plenty of fresh air is all-important.

Spirits and water only, in occasional small doses, may now be given; if hot, the better. After this, encourage quiet and sleep. (*Lancet*, Aug. 10, 1878.) — *Practitioner*.

AMYL NITRITE AS A CARDIAL STIMULANT.—Dr. James L. Minor, of Rapidan, Va., states that little need be said in regard to the action of Amyl Nitrite upon the heart, for frequent experiments have proved beyond dispute the vigorous action of that drug upon the centre of circulation—yet experiments may prove interesting, although they may simply illustrate an established doctrine. A patient who had locomotor ataxia of some year's duration, was suddenly taken, while under Dr. Minor's charge, from a condition of usual health to that of impending death. There was the hippocratic expression well marked; general pallor, with complete unconsciousness. Respiration was stertorous and irregular. Arterial beat imperceptible at the radial pulse, but faintly recognized at the femoral pulse. The pupils were insensible to light, and somewhat dilated. The extremities and exposed parts of the body became cold and clammy. It was decided that Nitrite of Amyl should be tried, but with no idea of permanent relief, for the patient was too evidently fast approaching his end. The ordinary method of inhaling a few drops from a piece of muslin was adopted; no effect being produced, recourse was had to a hypodermic syringe, with which three minims were injected. In a few moments the heart responded, as evinced by the appearance of a more natural hue of the cutaneous surface. The pulse was recognized in the radial artery. Respiration became much better, and the temperature felt normal. The effect of the medicine seemed to pass off in about half an hour, when the drug was again administered—this time giving five minims hypodermically. The action was similar in kind, but more vigorous in character, than the former dose. The pulse became almost as strong as normal. The patient lasted for nearly twenty-four hours, during which time Amyl Nitrite was fre-

quently given. As much as fifteen minims were given hypodermically at one of the doses, when the pulse became incompressible. So long as the vital powers were able to respond, the administration of the medicine was followed by reaction, which seemed marvellous. This proves the powerful action of Amyl Nitrite, and the beneficial result which might follow its administration in certain cases calling for prompt cardiac stimulation. (*Virginia Medical Monthly*, March, 1878.]

A FATTY TUMOR WITH SOME REMARKABLE FEATURES.—Dr. H. P. C. Wilson, of Baltimore, recently removed a tumor from a colored woman, and exhibited to the Academy of Medicine of that city, with remarks; we alluded to the case last month. “It was pediculated, and grew from the skin over the anterior superior spinous process of the right ilium. The pedicle was two inches long and one and three-quarter inches thick. When the woman was in the erect position, and the weight of the tumor put its tegumentary attachment upon the stretch, its lowest extremity reached nearly to the middle of the thigh.”

The case presents the following interesting and unusual history and features:—

“1. She was born with what was considered to be two moles, one on her back, near the lower angle of the right scapula; and the other on the anterior superior spinous process of the right ilium. The latter grew into the above tumor; the former remains as it was when she first remembered them both, about the size of an ordinary pea. It has not grown a particle in forty years. The latter did not begin to grow till she reached the age of thirty, and has been growing steadily and uninterruptedly since.

“2. With each menstrual period this tumor increased one-third in size and weight, and decreased with the subsidence of menstruation. It was also exceedingly sensitive at these times; was often very painful, and could be carried with comfort only in a sling. These facts may throw some light on the cause of its growth, while its associate has remained stationary. Connection with the pelvic arteries and nerves and its periodic congestions would explain the growth of this above its fellow, but it will not explain why this only began to grow at the age of thirty.

“3. This woman never had but one child; was married at eighteen, child born at nineteen; husband was sold from her immediately after delivery; was married a second time, but never became pregnant;

always had perfect health. She menstruated regularly every month, while she was pregnant, for six or seven days at a time, and used from four to six napkins daily when at her worst. At the end of her term she was normally delivered of a healthy child.

“In a considerable experience of twenty-seven years, this is the first case of the kind with which I have met. I have repeatedly seen women apparently menstruate for one, two, or three months after conception, but I have never before seen one menstruate regularly during the whole term of pregnancy, and with no unpleasant results to either mother or child. In all the cases which I have examined, where there was apparent menstruation for several months after the inception of pregnancy, there was found to be granular erosion about the cervix and up the cervical canal; and with the mucous membrane in this raw condition, and softened by pregnancy, it was easy to see how the slightest irritation might produce a flow of blood at each menstrual period, until the habit of menstruation had been effectually interrupted.

“It is also easy to conceive how in such a condition of the cervical mucous membrane the habit alone of monthly uterine congestion might be sufficient to cause a flow of blood similar to menstruation at the beginning of pregnancy; and I can imagine how under such conditions it might continue for nine months; but this woman's uterus was perfectly healthy, and she never had the slightest discomfort about it, or the slightest reason to think it diseased.

“4. Up to the age of thirty, when this tumor began to grow, she was regular in her bowels every day; but from thirty years of age to date of the operation she has been most obstinately constipated, never having an evacuation from the bowels oftener than once in two weeks, and usually once in four to six weeks; notwithstanding this most unusual constipation, she has never had a headache or any unpleasant symptoms. I saw the patient yesterday (one month and fourteen days after the operation), and she assures me that she has not missed one day since then without a free evacuation of the bowels; sometimes two or three a day, and that without any laxative medicine.

“5. Her uterus was found organically and functionally healthy. She never had any pain in menstruating till since the removal of the tumor. At the two menstruations since, she has had some pain. These facts may throw some light on the points, that before the tumor began to grow the patient's bowels were perfectly regular; during the growth of the tumor the bowels were most obstinately constipated, and after the removal of the tumor the bowels became

regular every day, and occasionally several actions a day. The innervation due to the bowels for their healthy action was concentrated on the development of the tumor; and when the tumor was removed the whole nervous supply was suddenly thrown back on the abdominal and pelvic viscera, as evinced by neuralgia of the bowels and uterus. The bowels become regular with pain; the uterus menstruates with pain; but so soon as this undue and sudden nervous flow is more equally distributed, these viscera will no doubt perform their functions without pain." (*Obstetric Gazette.*) — *Maryland Medical Journal.*

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THE DETECTION OF FEIGNED INSANITY. — On this important medico-legal subject, Dr. W. H. De Witt writes in the Cincinnati *Lancet and Observer*: —

"The physician may be called upon to examine persons who feign insanity. This has been practised in all civilized countries and in all ages. The vagrant finds the asylum a far better and more inviting home than the jail or workhouse. The criminal, fearing the strong arm of violated law, assumes the garb of the imbecile, or raving madman, to shift his crime from his shoulder.

"First of all, discover if there can be any motive for feigning insanity; usually the examiner will experience little difficulty in determining the true nature of such cause. For if the disease is assumed, they are simply imitators, and as such they are generally ignorant of the peculiarities, symptoms, etc., of the form of insanity assumed, and must, therefore, of necessity, be very clumsy personators. Occasionally, a talented, educated person will thus seek to escape, but usually criminals are found in the lower stratum of society. If the person pleads, at the time he committed the act, he did not know it, or was unconscious of it, or stoutly denies having had any connection with it, the examiner should then carefully investigate his previous history, learn whether he has been an epileptic, or suffered from any other form of cerebral disorder, and, finally, whether he has received any injury to the head, sufficient to disturb the mental integrity. If the examination develops the presence of epilepsy, it should contribute largely in his favor.

"If, on approaching the patient, he should become loud and boisterous, remember that the real insane man, at the approach of a stranger, is generally quieter and less demonstrative. It is a fact worth bearing in mind, that feigned insanity is always over-colored. If, as they frequently do, he assumes the role of the acute maniac, he

will very soon exhaust himself and sleep, for none but a genuine lunatic can withstand the constant strain and excitement. In the early stage of acute mania, patients seldom sleep, unless under the influence of powerful hypnotics. A valuable means of diagnosis in such cases is to be found in the administration of certain medicines. In real or typical mania there is a certain insensibility or resistance to the action of drugs, such as opium, chloral, and emetics. The quantity required to produce sleep, catharsis, and emesis in the malingerer would produce little, if any, effect on the real insane man."

— *Michigan Medical News.*

THE TAR BANDAGE.—Dr. C. B. Leitner, at the last meeting of the Medical Association of Georgia, called attention to the advantages of the tar bandage. Besides possessing all the merits of starch or plaster of Paris, it is antiseptic. He records a number of cases of contused and lacerated wounds, and compound fractures, in which the benefits resulting from its use were marked. The following case illustrates his method of using it:—

On the 27th of July, 1875, a negro, thirty-five years of age, deaf and dumb, was run over by the cars. His tibia and fibula, six inches below the knee, were crushed, the soft parts converted into a fibrous mass, leaving, however, enough of the gastrocnemius muscle to form a flap. Assisted by Dr. Wynne, I amputated the leg two inches below the lower insertion of the tendon of the patella. The flaps were drawn, and two or three sutures taken, then tarred strips of cloth were applied, as adhesive strips would have been used, for six to eight inches above the wound. The roller bandage was then placed over these, and the whole well tarred.

I wish to call attention to another advantage connected with this dressing—that is, it does not require readjusting so often as other modes, only every twelve or fourteen days, unless some constitutional disturbance should be apparent.

The leg was not dressed again until the sixth of August, notwithstanding the weather was the warmest I ever experienced in Georgia, and the subject perhaps one of the worst that ever happened to such an accident. His bowels were loaded with unripe fruit, and with every kind of foreign matter that a tramp, at that season of the year, could procure; besides, he had upon his head, arm, and shoulder two or three badly contused wounds, which were treated by the application of tar ointment. The leg was not dressed the third time until the second of

September, when he was turned over to the nurse, and in a week he was out upon crutches.

In applying for the first time the bandage, at the most dependent part a little V-shaped valve was cut, to allow the escape of pus. He was not annoyed by a fly, or by any bad symptoms, and the recovery was very speedy, which I attributed to non-interference with the bandage. I am perfectly satisfied in my own mind that the frequent dressing of wounds is a source of great irritation, to say nothing of the amount of granulations that are broken up. Should there be any mischief going on under the bandage, the constitutional effects must be apparent.

My manner in preparing this fresh pine-tar ointment is to put the tar into a glass vessel, and place the vessel into a pot containing water; after the water has boiled for a half-hour, the vessel containing the tar is set aside until all the foreign matter is precipitated, then decant, leaving the foreign matter at the bottom; finally, add one part of sweet oil to twenty parts of the tar. After the roller bandage is adjusted, in amputations, this ointment should be thoroughly applied, once in four or five days being sufficient. In wounds, cloth strips can be used as one would use adhesive strips. I would recommend cold-water dressings to the wound.

PHYSOSTIGMA IN TRAUMATIC TETANUS.—Dr. R. B. Hall reports, in the *Cincinnati Lancet and Clinic*, a case of traumatic tetanus following gangrene, from the severing of the external plantar artery by a broken glass bottle, in which bromide of potassium, chloral and cannabis indica had been tried without benefit, but which yielded to physostigma. He says:

“The bromide and chloral combined with the tincture cannabis indicæ, having done no apparent good, were discontinued, but the beef essence, egg, and brandy were given as before; although he had great difficulty in swallowing. I now prescribed physostigma in one-eighth grain doses every two hours. He took the first dose at 6.30 A.M. At 11 A.M., when I saw him, the pupils were of normal size, the spasms not so hard, and the pulse 99. Continued the physostigma. At 3 P.M., has had but one spasm since 12 o'clock, that being a very severe one; swallows better, and does not perspire so freely. Continued the physostigma, beef essence, egg, and brandy. 9.30 P.M., the pupils are about the size of pin-heads; has had two very light spasms, lasting about ten seconds each; to take the physostigma every three hours. 29th, 7 A.M., slept for three hours last night, then

woke up in a light spasm, at 1 A.M., since which he has had several short naps, but no spasms; can swallow much better, pulse 90, pupils size of small pin-heads, muscles rigid, respirations 24, and not so difficult. Continued beef essence, egg, and brandy; to take physostigma every three and a half hours. 1 P.M., slept for two hours, and woke up in light spasm; pupils not so small as last noted; he is perspiring more freely, and is more nervous. Ordered physostigma to be given every three hours. 9 P.M., has had three naps since last note; awoke each time more nervous, but had no spasms; muscles very rigid, pupils contracted, respirations 24, and somewhat difficult; expresses himself as feeling much better. 30th, 7 A.M., had no spasm last night, and from this date on he had no spasms. I continued the physostigma at various intervals, as he appeared nervous, until October 14. He made a slow and tedious convalescence, the rigidity of the muscles lasting until the last of October, so much that it prevented him from walking. The treatment from this date consisted of tonics and stimulants, with nutritious food. Complete recovery ensued.—*Mich. Med.*

NITRITE OF AMYL IN MELANCHOLIA.—As the symptom *melancholia* is ordinarily associated with (although not always dependent on) cerebral anæmia, I was induced to employ a remedy which notoriously produces the very opposite condition, namely, Nitrite of Amyl. In several cases of mild melancholia, occurring in private practice, it seemed to benefit the patient but slightly; in another instance, occurring under the observation of Dr. E. G. Messemmer, its effects were much more marked, although the case was one of extreme depression (post-puerperal melancholia). At my suggestion, Dr. James G. Kiernan tried the remedy in doses varying from five to fifteen drops in a series of cases of that peculiar form of melancholia which currently passes under the title *melancholia attonita*, more recently denominated Katatonia by Kahlbaum. In this form, the inactivity of the patient reaches the degree of veritable catalepsy, the pupils are almost maximally dilated, and here the effects of the remedy were magical. As soon as the patient had inhaled, the pale face was suffused by a flush, the pupils contracted, and the patient, who had not responded to questions before, now conversed rationally. Several other patients in the city asylum, in Dr. Kiernan's division, were treated by this remedy, and the cataleptic fits became less frequent and less intense, the psyche more rational, and three cases passed out of the asylum *cured*.

In one older case, which had been treated for years, by the ordinary asylum routine, the remedy had merely a symptomatic effect on the cataleptic fits, but failed to influence the mental condition.

The remedy is given until the patient comes out of the cataleptic state, and is repeated whenever there are indications of a return. The dose may be much larger than in ordinary cases, especially as the patient, on account of the lack of muscular energy, does not make deep or powerful inspirations. — *New York Medical and Surgical Journal*.

A PROVING OF AMYL NITRITE. — N. F. C., aged forty-nine, nervo-sanguine temperament, an inveterate smoker, an habitual coffee-drinker, and in excellent health. Took two strong inhalations from a phial containing four ounces of crude *Amyl nitrite*. Immediately felt a sense of fulness of head and flushing of face which increased during one minute to positive agony, without pain; a violent palpitation of the heart now began, which shook the whole body; consciousness was still perfect, and there was no feeling of alarm. I now felt myself sinking to the floor, which seemed a voluntary act, for I eased my descent by means of two tables between which I was standing — lowering myself gently until stretched at full length; my last conscious act was the endeavor to hold the head erect lest the surcharged cerebral vessels should become yet fuller. My first act of returning consciousness was to recognize my attendant, who was giving me *Chloroform* by inhalation, in accordance with previous instructions. Not five minutes elapsed between the first inhalation of the *Nitrite* and complete restoration — complete, save for anæsthesia at the second phalanges of the middle and ring fingers of the left hand. This symptom continued about one hour. I was informed that my “face and eyes were a deep, livid, red color,” and that I “looked horribly.” This proving was made about two weeks ago. Although I had been experimenting more or less with this interesting drug for a period of two years, and thought myself pretty well acquainted with it, I was astonished at the *crescendo* scale in which the symptoms developed during fully two minutes after ceasing the inhalations. The close resemblance of these symptoms to those of *coup de soleil* have led me to prescribe *Amyl nitrite* in a few cases which have come under my observation during the late heated term. The results have been highly encouraging, but not conclusive, as I have had none of the severest forms of the malady. I employ it in the first, second, and third decimal dilutions, internally or by olfac-

tion — raising from the crude with pure *Alcohol*. In syncope it has no equal as a stimulating restorative — while it antidotes, and it would appear is reciprocally antidoted by *Chloroform*. But these and other (empirical) uses of the drug are well known. My object in this paper is to state the crude proving, and to urge its prompt trial in insolation — especially by olfaction in very severe cases. I will gladly forward specimens to any physicians who may wish to prove or test the *Amyl nitrite* on the sole condition that they shall report results to Nicho. Francis Cooke, Chicago, Ill.

NOTE. — The urgent necessity of antidoting the dangerous effects of the drug prevented several minute observations as to rate and character of pulse, etc., which would have been desirable. But these may be found accurately recorded in *Allen's Encyclopædia of Materia Medica*. It is not probable that any human power has cared to carry his proving to the extent here recorded, especially as it is claimed that "consciousness is never lost unless a state of approaching death is induced, from which the animal rarely, if ever, recovers." (N. F. C.) — *Cin. Med. Adv.*

CYST OF THE KIDNEY MISTAKEN FOR CALCULUS. — A few weeks ago a patient was admitted to the Samaritan Hospital, with what was believed to be a calculus of the right kidney. The staff of the hospital was unanimously of that opinion. Certainly the history of the case, and repeated examinations of the organ through the abdominal walls, pointed to calculus. The pain and suffering were such as to make an operation desirable. The patient wished it performed. Mr. Thornton, Mr. Wells being present, did it. He cut cautiously and slowly down upon the kidney from behind. On reaching the organ this was found to be enormously enlarged, projecting some distance below the crest of the ilium. When incised, a pint or two of urine dashed out. Mr. Thornton then carried his finger, and subsequently a long probe, into the kidney through the opening, but failed to find any stone. The cyst, if it was one, was well syringed with antiseptics, a drainage tube inserted, a large portion of the cut in the integuments brought together by sutures, and the patient placed in bed. I watched the case with much interest. Nothing occurred to excite the slightest apprehension. The patient said the old dragging and weight and pain were gone. Her temperature never rose to 100°; and so far, indeed, as her several symptoms went, she did not even seem disturbed by the operation. (Dr. Yandell's letter to *American Practitioner*.) — *Michigan Medical News*.

INTRAVENOUS INJECTION OF MILK AS A SUBSTITUTE FOR TRANSFUSION OF BLOOD.—Dr. T. G. Thomas reports (*N. Y. Medical Journal*, May, 1878) seven operations. His objection to transfusion (the tendency to coagulation) is fortified by three fatal cases, and the fact that the operation is extremely infrequent, though we do not lack skilful and bold surgeons. Although milk and blood are not homogeneous, milk and chyle are; the latter is emptied directly in the subclavian vein. The blood is loaded with oleaginous material after a rich, hearty meal. Chyle is fat in emulsion in a serous fluid; milk is fat molecularly divided and suspended in water with casein and sugar; the salts are small in amount (6 in 1,000).

Case I. Ovariectomy was done for a large ovarian adeno-carcinoma; the patient much emaciated by the growth. Thirty-six hours after a profuse uterine hemorrhage came on, and, all remedies proving unavailing, three and a half ounces fresh milk (yet warm) was injected by the Colin apparatus into the median basilic vein. The patient had rigors, head symptoms, and a rise of temperature to 104°. The patient, though declared moribund at the time of the operation by several experienced surgeons, recovered, and is now growing stout.

Case II. Ovariectomy was complicated on the 14th day, by a large abdominal abscess; the patient was moribund from exhaustion. Five injections of milk (with glass funnel and rubber tubing) were made at different intervals, but the patient finally died; the wound was found to communicate with the intestine. Life was prolonged by the use of the injections.

Case III. The patient was bleeding to death before and during the operation, and bled steadily after it, from oozing into the peritoneal cavity. The bleeding from the torn adhesions could not be controlled, and the abdomen was closed. Five oz. milk were injected, but the patient died from the disproportionate loss.

Twelve cases are now recorded,—Hodder, 3, Howe, 2, Thomas, 7. His conclusions are: The injection of milk into the circulation is safe and feasible. The milk should be from a healthy cow, drawn at the time of the operation, and only 8 oz. should be used at a time. Its use may be extended to Asiatic cholera, pernicious anæmia, and typhoid fever.—*Md. Med. Jour.*

A DARING THERAPEUTIST.—At a late meeting of the Massachusetts Dental Society, Dr. Waters, of Salem, stated that bicarbonate of soda, such as used for cooking purposes, or any other alkali in neutral form, would afford instantaneous cessation of pain from the severest burns or scalds, and would cure such injuries in a

few hours. Dipping a sponge into boiling water, the doctor squeezed it over his right wrist, producing a severe scald around his arm, and some two inches in width. Then, despite the suffering occasioned, he applied the scalding water to his wrist for half a minute. Bicarbonate of soda was at once dusted over the surface, a wet cloth applied, and the pain, the experimenter stated, was almost instantly deadened. Although the wound was of a nature to be open and painful for a considerable time, on the day following the single application of the soda the less injured portion was practically healed, only a slight discoloration of the flesh being perceptible. The severer wound, in a few days, with no other treatment than a wet cloth kept over it, showed every sign of rapid healing. (*Medical and Surgical Journal.*) — *Buffalo Medical and Surgical Journal.*

LACTOPEPTINE. — This important addition to our list of remedies has found much favor with the Medical Profession of all schools of practice. Certainly, as its formula would indicate, it can but relieve an over-tasked stomach, and give time for Nature to recuperate.

There is a class of cases in which this remedy has, in our experience, been particularly useful: viz., workingmen who have been forced to be quite irregular in their habits of eating, and who *feel* greatly hurried when they do eat, and in consequence have acquired the habit of “bolting” their food, until Nature rebels decidedly at the outrage. *Lactopeptine* here enables them to keep at work, while the homœopathic remedy, specific to the constitutional condition, is sent on its mission, and good advice warns the patient to beware of further transgression of Nature’s law. In all cases where there is deficiency of the digestive juices, *Lactopeptine* will be found to be a valuable adjunct to the homœopathic remedy. — *American Homœopathist*, February, 1878.

PERSONAL.

J. W. BOSWORTH, M.D., has removed from 1222 Washington Street, to 616 Tremont Street, in Boston.

S. M. GRIFFIN, M.D., has removed from Cold Springs, N.Y., to Danbury, Conn.

LOCATED. — Dr. Julius Guadinger, at Waterbury, Conn.

REMOVED. — Dr. E. A. Toune, from Unionville, Conn., to Waterbury, Conn.

REMOVED. — Mrs. H. M. Potter, M.D., has removed from 141 Clinton Street, Brooklyn, N.Y., to Gardner, Me.

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INTRODUCTORY ADDRESS.

*Delivered at the Opening of the Boston University of Medicine,
March 9, 1878.*

BY PROF. WALTER WESSELHOEFT.

LADIES AND GENTLEMEN,—Although the time-honored custom of delivering introductory addresses at the beginning of each annual session has been abandoned by many of the older medical schools, we continue to cherish it here as an institution possessing many real advantages. To you who come here as utter strangers to the institution and the work you are about to begin, as well as to those of you who are already advanced in your studies and familiar with your surroundings, some words of direction and encouragement will not be out of place at this time,—and to us, who need above all things the stimulus of your desire for knowledge, these addresses afford the best opportunity of enlisting your interest and confidence. I therefore deem it no small privilege to be called upon on behalf of my colleagues to welcome you here to-night in this formal manner, and wish for nothing more than the eloquence to do so in a manner befitting the occasion. To meet together as a body before we enter upon our individual tasks, and to feel the inspiring influence engendered by the sense of unity and fellowship in a good work, cannot be otherwise than helpful to us all. The work we have in hand is so laborious; the relation we bear to each other is still so new, and the views with which we enter upon our labors are necessarily so different, that our first duty in meeting as a faculty and a class, is to see that we understand each other thoroughly,

and to endeavor to establish that harmony of sentiment and action without which our efforts must fail of their best results.

To this end we must look our aims and responsibilities, and the position we occupy, full in the face. These aims and responsibilities will be brought out most clearly if you will follow me in considering your relations to this school, and through it to the profession you have chosen, as we, who have gained experience, both as teachers and physicians, must regard them. In speaking, first, of the position of our school, the honor and success of which we must all have so deeply at heart, I am warranted in speaking on this occasion, which ushers in a new period in its history, in terms of sincere congratulation, as the uncertainty and doubt which necessarily rested heavily over the openings of our earlier sessions have now happily passed away. After five successful years, though full of struggle and hardship, we may look upon the position of our school as assured. The period of five years is, to be sure, no great age for an institution like this to boast. But, if at the end of that time it can look back on many promises fulfilled; if it is conscious of the support of its ablest and most earnest graduates, and if, in spite of the bold attitude it has assumed in the face of all manner of difficulties and contentions, it can welcome such a class as musters here to-night, it may well look the future fearlessly in the face.

As this school was founded in obedience to two just and well-matured public demands which old-established institutions refused to grant—I mean the systematic teaching of homœopathic therapeutics, and the education in medicine of women on equal terms with men—it can safely continue to look for support while these demands remain in force.

The admission of women to the study of medicine on the same footing with men, was necessarily a matter of experiment when *we* began. This it has now wholly ceased to be; and had we no other cause for congratulation here to-night, we might rest our claim to public respect and the continued support of the profession, on

the proof we have given of the entire feasibility of co-education in medicine ; — a proof which cannot fail to hasten materially the much-needed change in the relations of woman to the state and social fabric. Already the virulent antagonism with which our experiment was watched in the most conservative circles, has yielded to something like a favorable consideration.

But we will not flatter ourselves that our work is done, or even that our struggles and hardships are ended, by what we have accomplished in this respect. The need is still for unremitting effort, in which, since you have joined us, you must bear your share. We are not only called upon to labor that woman shall have the privileges of medical education hitherto enjoyed only by men ; but we must labor that the medical education of men and women both shall be advanced as rapidly as in the nature of things it can be in this country. With this object in view, we have, as you know, instituted reforms which must revolutionize the entire organization of our school, and which, we have reason to hope, will ultimately receive the recognition justly due them. But for the present we are alive to the fact that we have taken a stand fraught with no little danger, and which it is conceded could hardly be ventured on in this country outside of Massachusetts.

In pressing these reforms at this time, when competition among medical schools has reached a height, or, more correctly speaking, has fallen to a depth, which argues an exceedingly abandoned state of professional morality, and which would be ridiculous, were it not so serious a matter, we appeal to the best sentiments of the public and the profession, as well as to your truest instincts.

Since you have had the choice among dozens of schools throughout the land, in which you could have obtained your diplomas at the expense of infinitely less personal sacrifice than is demanded of you here, we are warranted in accepting your matriculation as an earnest of your zeal and courage, and we gather from it the support and hopefulness of which, I assure you, we have stood in no

small need. The only legitimate rivalry among institutions like this, is that which prompts the one to outstrip the other in the number and in the genuineness of the advantages it offers for a thorough education, and in the progressiveness with which it adapts itself to the advancement in general culture and to public needs. What we may lack in the one regard, as compared with some few older and wealthier institutions, we shall fully compensate for in the other, if we are true to ourselves.

This determination to advance with the needs of the times, which has called our school into existence, will, if adhered to, continue to give us our *one* advantage over institutions whose traditions and whose very wealth and age weight them in the race. It must be your ruling idea, and ever uppermost in your minds, as it has been in ours during the conception and the enacting of our recent reforms. As it has brought us here, it must unite us from this time forward in mutual confidence and good-will, and in resisting the promptings of personal ambition and all manner of sinister influences from without and within, by which our peace and our usefulness are endangered.

What I have said will indicate to you sufficiently the position we hold, and I will only add that you, ladies and gentlemen of the coming generation of physicians, are properly more deeply concerned in the progressiveness of which I have spoken, and in the reforms which have thus far sprung from it here, than we who in middle life have already a good part of our fighting days behind us.

In speaking now of the duties and responsibilities which follow from the peculiar position we occupy towards the public and the profession at large, and which you have voluntarily assumed by casting your lot with us, I cannot doubt for a moment that you have acted deliberately, or that you have been unmindful of the difficulties presented by the study of so complex a science as medicine. But the sanguine hope which invariably attends the forming of great resolves in younger days will present these matters to you in a different light from that in which you will soon learn to see them, and in which we (to

whose maturer judgment you must trust) can regard them.

It is on these points, especially, that on this occasion we must seek a thorough understanding. That you see the desirability of studiousness and regularity in attendance upon lectures as well as the necessity for a rigid discipline to secure the undisturbed working of our college organism, is a matter of course. You have come here prepared to work, and it is with no little satisfaction that we find ourselves prepared to lay before you a well-matured and systematic course of study. The pursuit of this, I assure you, will engage all your strength. As others have absolved it successfully, you can hope to do the same without undue strain. To the provisions of this curriculum, we must urge you to adhere strictly. In this way alone, can you hope to make proper use of your time.

But there are other considerations which lie beyond, and which I feel it necessary to urge upon you. You are aware that it is possible to work at the same thing in two ways wholly distinct. There is an intelligent and reflective way of pursuing your studies, and another which aims merely at getting through the work in hand. The latter I regret to say is the commoner one, and results as a rule, in mediocrity and intellectual stagnation.

This will not do for you; there are too many incentives for you to pursue the other course, — which consists mainly in acquiring habits of steady application, and in learning to learn effectually. You cannot forget that this is likely to be your last chance in life of getting your faculties into that condition of training which distinguishes the scientific from the unscientific mind. It is not only that you must surrender the vague popular notions of everything pertaining to medicine you have brought with you, and that you must accumulate new facts or data to take their place, but you must spare no effort *to reach a full and clear understanding of everything that is presented to you*. In this way you will learn to think and to acquire the power of research so indispensable in medicine.

It is by no means the least advantage of didactic teaching, of the graded course, of long terms, and the protracted period of study such as we have now established here,—that the mind is thereby habituated to scientific pursuits. To the desultory reading during the long intervals between the short lecture-courses of the majority of colleges in this country may be attributed, in a very great degree, the general lack of scientific spirit in the profession, and the almost inevitable and hopeless relapsing of so large a proportion of newly-fledged doctors into the popular notions on everything pertaining to physiology, pathology, and therapeutics, from which their imperfect training could only partially emancipate them.

As the foremost advantage of a classical education is the acquisition of higher aims, broader views, and a more refined judgment and taste, not in matters pertaining to literature alone, but in all the affairs of life, so one great aim of a well-ordered course of medical education is the development of the scientific judgment, the critical sense, and the ability to look beneath the surface of things, without which progress is impossible. It is not too much to say that, without such training, you can never hope to attain to a satisfactory professional or social position, nor to be other than mere obstacles in the way of the advancement to which we are all pledged. The duty of working for something more than mere subsistence forces itself upon you from all quarters. To adopt a calling even like that of medicine primarily with the object of gaining a decent livelihood, is right and proper, but it is not enough. If the aim of this school had been merely to add to the number of doctors struggling for their daily bread, I assure you not one of the members of the faculty present would have raised a finger to aid in its establishment, nor should we think it worth while now to venture on the reforms which are at present testing the strength of our institution. You cannot be content with aiming only at getting your diplomas; that you could do much more speedily and easily elsewhere.

Let me remind you that to-day the practice of medicine in this country is not the sure source of profit it was some twenty or thirty years ago. Since then the profession has rapidly become overcrowded. While in Europe the proportion of physicians to the population is about one in two thousand, we already number here nearly one to six hundred.

Nevertheless, the growing demand for intelligent, well-trained practitioners of our principles, which has warranted *us* in adding to the number of the schools, warrants *you* also in looking to the profession you have chosen for a livelihood. But remember, the demand is for physicians who can make the public dependent upon the principles *they* uphold, not for such (already too numerous) who depend wholly upon the public for their views, or the methods they pursue. Changeable, uncertain, and unreasoning, as the demands of the laity upon the profession must necessarily be, and erroneous as is the popular estimate of our attainments and our powers, there is, nevertheless, a strong under-current of sound sense and right feeling abroad, which not only represses all attempts on the part of conservatism to crush or to villify the motives of those who venture to differ from it, but which also punishes with just contempt the ignorant, unprincipled pretence of liberality and progress.

With the rapid increase in our numbers, I must add, party warfare is waged, not only with increased bitterness, but also with more powerful weapons. The arms with which in future you will have to maintain your position against the determined hatred of an arrogant conservatism on the one hand, and the apparent successes of quackery on the other, must be exact knowledge, and skill in using it, both at the bedside and in the discussion of scientific principles.

You will see, therefore, that there are urgent reasons not alone for throwing all your strength into your work, and for preparing to perform the ordinary duties of a difficult profession, but also for training your minds for its higher duties and responsibilities. You have need to

learn how to feel and act humanely and justly; to think logically and in accordance with the drift of modern science; to grasp fully the ideas and tendencies which underlie the party quarrels now dividing the profession, and finally to discriminate between the course that wins true success, and that which at most can gain only popular applause. To gain this end, nothing but regular systematic and unremitting application to the work here laid out for you will suffice. Mere smartness will not avail you; though it may appear to serve a good turn here and there, it is after all no better than cunning, of which Bacon says that it is a "sinister or crooked wisdom." Those who trust to it are likely to meet with painful disappointment in a long and well-ordered course like ours. Neither will cramming serve your purpose. No knowledge was ever gained in that way. Our written examinations afford us the best means of judging whether the answers received are the result of studious effort to understand a subject, or a mere parrot-like repeating of what has been learnt by heart to serve only until the examinations shall be well over. Such devices are, as you can easily understand, likely to cause most painful regrets in the end. Besides, we judge of the merits of individual students much more by the regularity of their attendance, by the degree of intelligent interest they display in their studies, and by the kindliness and courtesy of their bearing, than by the results of the final examinations.

In asking you to bear in mind the wider aspects of your studies and your calling, I am actuated by the sincere desire to spare you the heart-burnings, the confusion, and the impotent struggle against a just fate, which comes of assuming the responsibilities and the title of a learned profession without having been benefited by its discipline. Peaceful as our profession ought to be, it is not unknown that doctors differ, and their differences involve not only questions of personal success, but questions of life and death, of health and suffering. You are entering a field of contention, in reality, in which it is necessary to take strong ground if you hope to stand.

You, ladies and gentlemen, have come here fully aware

of the principles that we are here to teach, and have done so with the same justice and reason that lead others to seek the teaching of other schools. They follow their convictions as you follow yours, whatever data these convictions may rest upon. We shall resort to none but legitimate means to confirm and purify your convictions, and convert what are now matters of faith into exact inductions. The reviling of those who differ from us conscientiously, appeals to so-called common sense, which are never anything else than appeals to prejudice and passion, are inconsistent with the exercise of the higher reasoning faculties, and the critical sense of which I spoke before. We stand in no need of such expedients to impress upon you our views, for both medical history and science fight on our side. The drift of modern thought in medicine has set in strongly in favor of the principles we advocate, though the current has not yet swept along the rank and file of our opponents. To show you at the outset that the principles for which Homœopathists have been contending for three-quarters of a century are forcing themselves irresistibly upon the recognition of the most scientific minds, let me quote to you the deliberate words of Sir Thomas Watson, who, of all men, speaks with the highest authority on the status and the needs of Old-School medicine. In addressing the members of the London Clinical Society, he said :

“Certainly the greatest gap in the science of medicine is to be found in its final and supreme stage — the stage of therapeutics. . . . We know tolerably well what disease is, but we do not know so well, nor anything like so well, how to deal with it. To me it has been a lifelong wonder how vaguely, how ignorantly, how rashly, drugs are often prescribed. . . . I say this uncertainty, this unseemly variation and instability of opinions, is a standing reproach to the calling we profess. . . . There *are* cures as well as recoveries, and there *are* remedies that are equal to the cure. Concerning the peculiar virtue and specific agency of each and all of these, present and to come, we want sound and multiplied experience. . . . Full and faithful observations by competent and accurate observers, of the symptoms, circumstances, and progress of disease in the living body, and its behavior under treatment by medicines prescribed with singleness and simplicity, and a definite aim and object — authentic reports of trials with medicinal substances upon the healthy body — must lead,

at length, tardily perhaps, but surely, to a better ascertainment of the rules — peradventure to the discovery even of laws, by which our practice should be guided, and so bring up the therapeutic and crowning department of medicine to a nearer level with those other parts which are strictly ministerial and subservient to this." . . . —*Address on the Present State of Therapeutics, "Lancet," 1868, p. 212.*

These, ladies and gentlemen, are weighty words; and when, in addition, Helmholtz,* unquestionably the foremost leader in the science of physics, and the most successful expounder of the positive philosophy of our day, warns both physiologists and pathologists that they are being carried away too far in treating the human organism merely as a machine, and a machine, moreover, of which they imagine they have discovered the secret springs,—surely *we* who have undertaken to teach above all things the method that embodies these principles and applies them in practice, may confidently ask your allegiance.

The Homœopathic method which rests on no mere theory or speculation, which takes account, without attempting to explain them of those unknown forces called vital and inherent in the ultimate structural elements of the organism, represents the *experimental method* in the application of medicines to disease. It thereby takes its place among the strictly scientific methods, and is removed equally from what are called the "isms and pathies," and from the vague, ignorant, and rash medication called *rational*, which Dr. Watson, whom I have just quoted, so much deplures. As such it is neither a dogma presented for your belief, nor is it exclusive, except in so far as it limits the application of chemical and mechanical procedures, and relegates them to their proper sphere. In doing this it crowns and completes the only rational system of medicine that can be conceived.

If you will adhere to it steadfastly, and with minds open to conviction, you will go out from here not only well prepared to meet the difficulties of practice, but you will also escape the danger of occupying the false posi-

* *Das Denken in der Medicin.*

tion of a feeble and reluctant partisan in a progressive minority. Such a position cannot be long maintained without sinking its occupant either into the weak scepticism which shambles helplessly in the rear of one party or the other, with neither the ability nor the courage to adopt fixed principles, or into the even more dishonorable course of him who loudly professes one thing, while both in season and out, he practises the other.

These dangers, which are not imaginary, are easily avoided, if you will lay these words of advice and warning well to heart.

The art of healing has been called divine, and Hippocrates, its founder, declared the physician who is also a philosopher to be godlike. Strangely as words like these of the great master may fall upon ears accustomed only to the harsh and soul-killing clatter of the word "practical," they will not appear inapplicable or extravagant if you will contrast the not uncommon types of the feeble sceptic and brazen adventurer, to which I have alluded, with him who loves his science for its own sake; who can easily and cheerfully make sacrifices for it, and who, even under the most trying circumstances, can think of the welfare of his patients first, and of his own ambition and advantage last.

To become a representative of this type is an attainable ideal. We welcome you, to-night, to the efforts which I trust may lead you towards it, and now bid you good speed.

CLINICAL LECTURES.

BY D. DYCE BROWN, M.A., M.D.

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*I. — On Ménière's Disease, or Auditory Nerve Vertigo.**[From the Monthly Homœopathic Review.]*

GENTLEMEN, — There are certain diseases which, though affecting a particular organ, the treatment of whose disorders come generally into the hands of a specialist, are from their nature the property of the physician, and generally come under his care. One of these is the disease we are going to-day to consider. It is purely a disease of the auditory apparatus, but produces such symptoms as lead the patient to any conclusion rather than that his hearing is defective, and that the condition of his ears is the cause of his trouble.

For long, a form of vertigo was known to physicians as "stomacal vertigo." It was called thus, from the supposition that the state of the stomach was the cause of it, but under the Old-School treatment, it was found to be very intractable, and often incurable. But in the last few years, the investigations of Meniere have traced the cause of the distressing symptoms to their true origin, namely, disease of the auditory nerve, and hence the disease is now known by his name. We have here an excellent example of the error of treating a disease by theorizing as to its cause, for so long as this form of vertigo was treated as a gastric affection, failure was the result, while, as we shall see presently, treatment according to the symptomatic indications is the one which is most surely followed by success. It is a great acquisition to our knowledge to have the true cause of the symptoms pointed out to us, but yet when we come actually to prescribe for the patient, the totality of the symptoms is the sure guide, and prevents us treating our cases in a routine manner. Of course I am aware that vertigo from disorder of the stomach is very common, but this form of it is easily distinguishable from the audi-

tory vertigo, and there is no doubt that many of the cases of the old "stomacal vertigo," which proved so intractable, were in reality cases of Meniere's disease. We have had a number of cases lately at the hospital of unmistakable auditory nerve vertigo, in which the presence of the peculiar symptoms, and the absence of stomach or dyspeptic disorder, showed clearly the true nature of the case.

As one of the most typical examples, however, let me first describe a case that came under my care in private practice.

Miss —, age about fifty, a school-mistress, came to consult me on account of giddiness, "bilious attacks," and noises in the ears. She had been ill for over two years, had been told by her former medical adviser that she had disease of the brain, and that she had better give up all teaching, which she had accordingly done.

She had no headache.

[This symptom is, however, not always absent, as we shall see in some of the cases I shall speak of. The headache, when present, varies in character. Sometimes it is on one side of the head, at other times all over it, of a full, throbbing character, and as if the blood rushed to the head. It may be absent for some time, when the other symptoms are less marked, and come on in very severe attacks, while in other cases it may be pretty continuous.]

Her tongue was clean; there was no dyspepsia; the appetite was poor; the bowels regular; the heart, also, was healthy.

[This made it clear at once that the stomach was not the cause of her symptoms, while, as I shall point out presently, the "bilious attacks," as she thought they were, were in reality nothing of the kind.]

The "noises" in the ears were confined to the left one. She described it as like the rushing of the sea in a shell. It is not constant, or always equally marked, but is decidedly worse at times. It is very troublesome on lying down, but better when lying on the right than on the left side. At night it often takes a curious form.

She seems to hear her pupils saying their lessons as distinctly as if they were in the room.

[Tinnitus, of various forms, is almost invariably present in Meniere's disease; the description of the sound varying in nearly every case. When one ear only is affected, the tinnitus is felt only on one side, and in both, when both ears are diseased.]

The vertigo, or giddiness, is very troublesome, and she says she would frequently fall, if she did not lay hold of something to support her. In consequence of this, she is never allowed to go out alone. She observes that when giddy, objects seem to fall away from her to the right, while she always inclines to fall to the left side.

[While vertigo is the prominent symptom in this disease, here is the peculiarity of it. The patient always inclines to fall *towards* the affected side, if one ear only is involved, while surrounding objects seem to fall away to the opposite side. If both ears are equally affected, he inclines to fall forward.]

She notices that the giddiness comes on quite suddenly, often from no cause she can assign, while it is always worse when excited in any way, or when fatigued, or on crossing a street; at times she is quite free of any vertigo.

[Here, then, is another peculiarity of the vertigo of Meniere's disease. There are intervals, more or less long, of complete freedom from it, while it may come on quite suddenly and unexpectedly. It is always worse from excitement; from the noise, bustle, and confusion of a street-crossing, when one has to exercise some *caré* to avoid the vehicles which come in several directions; and also from fatigue or over-exertion. This latter cause was very decided in a case I shall have to speak of afterwards. The attacks of vertigo will often go off as suddenly as they come on.]

Her attacks of giddiness varied in severity. Sometimes they were slight, while at others they were so severe as to produce sickness and vomiting. These were the "bilious attacks" from which she thought she suffered, and for which, under the supposition that her liver was

disordered, she had dieted herself most carefully, but to no purpose. On questioning her I found that the attacks of sickness and vomiting never came on without the vertigo; that she first felt giddy, and then this was followed by the vomiting, while she had at these times no other evidence of disorders of the stomach or liver, and after an attack of vomiting only felt exhausted.

[These facts clearly show that the vomiting was sympathetic with the vertigo, and such a result is by no means uncommon in well-marked cases of this disease.

The vertigo is at times accompanied by peculiar sensations. In one case, to be afterwards noticed, there was always with the giddiness a feeling as if there were a yawning chasm before her. This was especially noticeable when going down stairs, rendering her particularly careful lest she should fall. In another case, the feet did not feel firm on the ground; he felt as if he walked on uneven ground, and would trip on a footstool, or stumble against a chair, or drop a glass or cup out of his hand. In other cases, the vertigo is felt while the patient is lying in bed, and a sensation as of turning round in bed is felt.]

Miss ——— complained of being languid, weak, and easily tired, while she slept very badly at night, often lying awake for most of the time she was in bed. This was partly from simple sleeplessness, and partly also from the tinnitus, and the sound as of her pupil's voices.

[This sleeplessness is a frequent symptom in the disease, and it seems to affect the whole system, producing a feeling of weakness, tiredness, or languor.]

On asking her how her hearing was, she said she heard quite well.

[I have frequently, in fact, generally, noticed this, that persons affected with this disease are not in the least aware that there is anything defective in their auditory apparatus. The reason of this is that one ear may be sound, or fairly so, and thus the deafness in the other is not noticed, while another reason is that the tympanic hearing is often very fair when the perosseous audition is very defective. In a case afterwards to be noticed, the

gentleman laughed at the idea of my testing his hearing, as he said it was perfect, and was only convinced that it was not so, on my demonstrating the fact to him.]

On testing Miss P.'s hearing, I found that she heard my watch a long way off on the right side, and on closing the meatus, and placing the watch upon the mastoid process, the hearing was quite healthy, the sounds being more distinct when the meatus was closed than when open. On the left side, however, the watch (a loud ticking one) was only heard an inch and a half from the meatus, while on placing it on the mastoid process, and closing the meatus, the sound was inaudible. On placing it on the parietal and frontal bones, it was heard indistinctly, but this amount of hearing was probably conducted by the right ear.

[Here you will observe the peculiar form of deafness of Meniere's disease. In health, one hears the watch ticking at a considerable distance from the meatus (tympanic hearing), while on placing it over the mastoid process, it is heard very distinctly, and becomes more so, if at the same time the meatus is closed (perosseous hearing). This is due to the sound-conducting power of the bones of the head and face. One often observes those who use a tuning-fork in music, after striking it, placing it against the teeth, when the sound is conducted loudly to the ear. If deafness is due, not to disease of the auditory nerve, but to some other cause, such as accumulation of wax, eustachian closure, or thickening of the membrana tympani, the perosseous hearing is acute, most so when the meatus is closed, while the tympanic hearing is very defective. On the other hand, when the auditory nerve is at fault, as in Meniere's disease, the tympanic hearing may be so fairly good as to prevent the patient noticing that he is deaf, when at the same time the perosseous hearing is entirely absent, or very defective. Miss ——'s tympanic hearing on the left side was defective, while her perosseous hearing was absent, both being perfect on the right side.

Such are the usual and distinctive symptoms of auditory nerve vertigo. The disease is believed to be due to

disorder in the semi-circular canals. Goltz believes that it is due to varying pressure of the endolymph. But it is pretty well proved that the function of the semi-circular canals has a good deal to say in the maintenance of the equilibrium of the body, disorder in them, producing vertigo and falling.

Now what of the treatment? We look for a medicine which can, as nearly as possible, produce in full doses similar symptoms in the healthy subject, believing that such a medicine goes to the seat of the malady, and creates in full doses disturbances similar to the actual disease.

Such a medicine we have in the *Salicylate of Soda*.]

I accordingly, on the 27th August, 1877, prescribed *Sod. Salicyl.* ^{3x} ten drops in a half tumblerful of water, and a dessert-spoonful of this three times a day.

For the proving of this drug we are indebted to a physician of the Old School, Dr. Gowers, of University College. In a set of papers published by him in the *British Medical Journal* of March and April, 1877, on auditory nerve vertigo, he writes a passage which I shall, for its importance, quote entire:—

“PRODUCTION OF AUDITORY NERVE VERTIGO.

“Before speaking of the treatment of this affection, it is worth remark that auditory nerve vertigo can be produced artificially. Quinine produces a sense of confusion with tinnitus, but very definite symptoms may be caused by *Salicylate of Soda*. This was shown very strikingly in the case of a patient lately under treatment for acute rheumatism in University College Hospital (under the care of Sir William Jenner). The patient was a woman aged 40, whose hearing was supposed to be unimpaired. She was not subject to giddiness. It was her first attack of acute rheumatism, and there was no cardiac affection. On Jan. 26th, *Salicylate of Soda* was commenced in doses of 25 grains every three hours. On the 28th, she complained of noises in the ears, deafness, and giddiness, which the next day had increased so much that the *Salicylate* was omitted. The following day the

giddiness was much less, and on the 31st had almost gone. On February 6th the same dose was resumed; on the 7th the same symptoms were complained of. The noises in the ears were constant; a watch was heard only at two inches distant from each ear, and was not heard at all on either side when in firm contact with either the zygoma or mastoid process. A tuning-fork on the vertex was heard fairly well, but the sound was not increased by closing the ears. The giddiness was slight and indeterminate so long as she lay still, but was very constant and definite when she raised her head or sat up. Objects before her all seemed moving to the right. On the 8th these symptoms continued, and the *Salicylate* was discontinued. On the 10th the giddiness was gone, and she could hear the watch at a distance of six inches from either ear, and could hear it, though faintly, in contact with the zygoma or mastoid process, but not when in contact with the parietal eminence.

“On the 23d the *Salicylate* was resumed, and, eighteen hours after its resumption, deafness and giddiness had returned, which again ceased a day or two after the discontinuance of the drug. When the patient was convalescent, a careful examination of the state of hearing revealed very little abnormality, the only difference being that the watch in contact with the skull was not quite so distinct on the right side as on the left. In another case, I have seen similar symptoms of deafness and definite vertigo produced by *Salicylic Acid*.”

This is a most perfect proving, for not only have we the symptomatic indications of giddiness, deafness, and tinnitus produced by the *Salicylate*, but the physical signs of Meniere's disease are also present. Curiously enough, we find Dr. Gowers actually prescribing this medicine for the disease. He goes on to say: “The influence of *Salicylate of Soda* upon the equilibrium, which I have described, suggested its use in this disease. Equilibrium is maintained by the balance of opposing impressions; its overthrow is the result of the loss of that balance. In our ignorance of the way in which *Salicylate* produces the disturbance, it is conceivable that

it may, in some cases, have such an influence as to counteract the morbid action, and lessen the disturbance of equilibrium. This it has seemed to do in one or two cases in which I have tried it. It does not remove the giddiness, but in some cases lessens its intensity. It has been given in doses of from 5 to 10 grains three times a day. The patient with gastric ulcer, whose case has been narrated above, thought that she was better while taking the *Salicylate* than when taking any other medicine. Its effect, unfortunately, seems after a time to become less."

[Now what could have induced Dr. Gowers to treat cases of Meniere's disease with a drug which so distinctly produced an exact medicinal simile of it? On allopathic principles such treatment is clearly contra-indicated, and nothing else but a belief in the Homœopathic law of similars could have led him to such a prescription. His dose (5 to 10 grains three times a day) is evidently far too large, since 25 grains every three hours was sufficient to develop all the pathogenetic symptoms in two days. It is no wonder that he complains that the good effect, which he saw at first, wore off, and that the giddiness was only lessened, but not removed. We shall see that very different results are obtained when the dose is much more diminished.]

To return to our patient.

She got the medicine on August 27th.

Sept. 7.—She reports that the giddiness is decidedly less; she has only a slight feeling of it occasionally. The noises in the head are *altered*, and are not continuous. The noise is sometimes like singing, sometimes such as she cannot describe, but not now like the roaring of the sea. Repeat medicine.

Sept. 22.—To-day she reports herself as decidedly better. The giddiness she hardly ever feels in the house, while, on going out, she has only a "transient" and slight sensation of it. One day she was free of it, and could hardly believe it. The singing noise is also much less, and the sensation of hearing the school-children saying their lessons is much less frequent. For long, she

says, she has not had anything that she could call sleep, now she sleeps refreshingly from 2 A.M. till 7. She lies awake till about 2, with a feeling of desire to get up and do some active work. She says she feels better now in her general health than she has done for years. Repeat medicine, four times a day.

Oct. 6.—She is continuing much better. Though not entirely free of the noises in the head, she only observes it now when sitting alone; any other noise, such as of passing vehicles, drowns it. She is quite free now of giddiness, except when crossing a street, or trying to catch an omnibus, when the little excitement brings on a momentary, but only a momentary, feeling of it. She is now sleeping perfectly well, and is never troubled with the children's voices at night. Her general health is excellent, and she expresses herself as very grateful for the benefit she has received.

Omit medicine for five days, and then resume for a fortnight.

Oct. 19.—Reports that in general health "she has never been better in all her life." Feels it such a luxury that she can sleep so well. Has had "no giddiness whatever" since she last saw me. The noise in the head is still only when alone, and very slight. This being her only symptom now, and as it was not entirely removed by the *Salicylate*, I prescribed her *Argent. Nit.* 3^x. gttj. *ter die*.

[*Argentum Nitricum* is another medicine whose pathogenesis points it out as one calculated to be of service in certain cases of Meniere's disease. As part of the marked general effect on the nervous system, it causes vertigo, a tendency to stagger or fall, headache of the neurotic type, with deafness, and a sensation as if the ears were stopped; tinnitus is also felt, generally of a ringing sound.

It would be, of course, specially selected, when, besides these symptoms, the general characteristics of the drug were present.]

Nov. 26. Much the same as regards the noise, which is still slight, though not gone. On testing the hearing,

I find that she can hear the watch at only the same distance from the meatus as before, but she can now hear it distinctly on the mastoid process, and over the side of the head — not so well, however, on the left as the right side. She has had no return of the giddiness. Says she used to feel as if she would run up against passers-by in the street, but never feels this now. I thought I should give her one more chance of the *Salicylate* removing the noise. I therefore ordered her to take it as before, three times a day, for a fortnight.

Nov. 20.— Reports that the noise is much the same — not quite gone. Has had no return of the giddiness whatever.

Omit all medicine.

I saw this patient quite lately, and found she had been keeping quite well.

[This is a most satisfactory result, and obtained from drop doses of the 3^d dilution. The essential points in the disease, let me recapitulate. They are the vertigo, which comes and goes, often from no observable reason; the tendency to fall to the affected side, while objects seem to fall away to the opposite side; headache frequent, but not always present; noises in the ears; defective or absent perosseous hearing; and absence of gastric symptoms, or such a slight amount of them as not to account for the other symptoms. I make it a rule now always to test the hearing of any patient who complains of vertigo.]

In my next lecture, I shall continue the subject, and report other cases of this disease treated, some with the *Salicylate*, and some with other medicines, pointing out to you the reasons for the choice of the other drugs used in preference to the *Salicylate*.

[To be continued.]

PROGRESS IN MEDICAL EDUCATION.

THE first medical degree ever conferred in this country was that of Bachelor of Medicine. To this degree ten

students were admitted in Philadelphia, June 21, 1768. Two were admitted to it in New York the following year. Thus in the first American medical colleges, as in Europe, the dignity and value of the degree of Doctor of Medicine was guarded by the existence of a preliminary baccalaureate degree. At Philadelphia the doctorate could not be reached until three years after admission to the preliminary honor. The candidate had also to write and publish a Latin thesis, and pass severe examinations. On reorganizing after the suspension occasioned by the Revolutionary War, the Philadelphia institution in 1789 abolished the Bachelor's degree, and the other colleges following the example one by one, the practice of conferring this degree ceased altogether in 1813. Since that date only the Doctor's degree has been conferred, and that on conditions which have made it of less value than the preliminary degree ought to possess. This year, the authorities of Boston University signalize a new departure by going back to first principles, restoring the degree of Bachelor of Medicine, establishing that of Bachelor of Surgery (a measure which has just been recommended in Great Britain by the Royal Commission on the Scottish Universities), and finally presenting two elective courses of three years each, leading to these degrees, and two elective *four-year* courses, leading by way of these lower degrees to the doctorate in medicine and surgery. As but few of the other medical colleges require attendance more than two years, and many of them even less, this new arrangement, under which three years is the least time in which the preliminary degree can be won, and four years made the normal period for a full medical course, indicates a great advance in the direction of a European thoroughness of training.

But if our American institutions have been behind the European in some respects, they have led them in others. Thus, while the oldest medical college for women in Europe is not yet three years old, the New England Female Medical College was incorporated in 1850. Under the provisions of the late Russell-Gurney Act, the British universities are just beginning to arrange for the

admission of women to their medical departments, to be taught in classes apart from the men. This necessarily divides, and consequently lessens, the amount of instruction to each class, as in clinics, special operations, etc., so that neither can have the full advantages of both. On the other hand, the Boston University School of Medicine has, from its opening, five years ago, given the same instruction to men and women, and opened its doors to them alike, either as students or teachers. The influence of these advance measures is reaching even the most conservative of the other medical colleges, for at this very time the authorities of Harvard have a committee deliberating on the expediency of opening their medical department to women, and some of the alumni are already urging that a similar four-years' course be established at Cambridge.

LETTER FROM A NEW ORLEANS PHYSICIAN. — From a private letter written by William H. Holcombe, M. D., of New Orleans, well known as a Homœopathic physician and writer, we extract the following :

The fever is subsiding rapidly. I have seven cases, however, still on hand. I have treated 388 cases, with 24 deaths, a loss of about 7 per cent. Dr. Choppin gives the average Allopathic mortality at 20 per cent., but I am certain that some very excellent expectant Allopaths did not lose over 10 per cent. My wife aided me in the office day and night during all the fearful trial, and contributed immensely, not only to my personal well-being, but to my professional success.—*Boston Herald*.

TREATMENT OF MAMMARY ABSCESS.—Dr. S. W. Gould, of Argosy, Ind., gives, in the *Medical and Surgical Reporter*, his treatment for threatened mammary abscess, under which, for a decade, he has not been obliged to lance a single breast. It consists in the application of chloroform and glycerine, equal parts. As the substances are of unequal weight, the phial containing them should be thoroughly shaken, the mixture quickly applied, and the part covered with oiled silk, or something equally impermeable, to prevent too rapid evaporation. So confident is he of the efficacy of this remedy, that, after a ten years' trial of it, he is led to consider a gathered breast an evidence of professional neglect.—*Mich. Med.*

THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, NOVEMBER, 1878.

WITHIN the past few weeks our attention has been called rather forcibly to two cases in court, which we propose to examine in brief: we refer to the Whitman case in Charlestown, in which Dr. Geo. W. Spears was put in such an unpleasant position, and to the case of Medora E. White *vs.* Dr. Hiram L. Chase, in the Supreme Judicial Court at East Cambridge.

The details of the former case have appeared in the columns of the daily papers, so that we need not refer to them. There are one or two things, however, which we wish to emphasize. First: the absolute nonsense of suspecting the doctor who, in his connection with the affair, was simply discharging his duty to his patient. Second: the over-zealousness of certain members of the police force, who, in their anxiety to appear before the public in the character of able detectives, allowed this anxiety to get the better of their discretion. Third: that the opinion of the medical examiner was set at naught, and another physician called in to make an autopsy, at the instance of a few meddlesome neighbors.

The result of the trial proved conclusively that the medical examiner was correct in his opinion that the police were too hasty, and that Dr. Spears was absolutely innocent of any complicity in the affair; this last being proved, there was no longer anything against the girl, so that the bottom fell out of the tub, if we may use the expression; and the whole thing turned out to be a farce for all except the daughter and the doctor; the former, a young and timid girl, was dragged before the public, accused of a most-unnatural crime, and the latter was subjected to the greatest indignity possible: namely, arrest and imprisonment for a space of nearly a fortnight.

This matter cannot be too severely commented upon, and we trust that the busybodies who instigated it will, in some way, be punished for their interference.

The other case was an action brought by Mrs. M. E. White against Dr. H. L. Chase to recover \$10,000 damages for alleged malpractice.

The circumstances are as follows: Mrs. White was taken in labor

about 7 o'clock, A.M., on the 14th day of May, 1875. She was attended by a midwife. About 4 o'clock in the afternoon, the woman became very much exhausted; the midwife was alarmed, and it was determined to send for a physician. Dr. Chase was summoned, and found the patient in a very critical condition, and in need of immediate assistance; she was accordingly etherized, and the child delivered with forceps. The doctor stayed until he was satisfied that all was well, and left her about 6 o'clock. He made five subsequent visits: namely, on the 15th, 16th, 17th, 19th, and 22d of May. During all this time the woman made no complaints other than those which women usually make after a protracted labor; the doctor considered that she was doing well, and dismissed the case on the 22d of May. On the 1st of July the doctor sent his bill — \$20.00. On the 2d he was called to the house to see the child, and to talk with Mrs. White as to the advisability of her going away for a while to recuperate. He prescribed for both mother and child, the former of whom complained of backache, pain in the hypogastric region, leucorrhœa, and general weakness, and recommended her to go away. He called again on the 4th (Sunday), and found both rather better, and it was decided that they should go down East on Tuesday, the 6th. On the 5th the doctor stopped at the house to leave her some medicine to take with her. After that date he *never saw* her again professionally. On the 31st of July the husband called with the bill which had been sent on the 1st, and said he wished to pay that, and also for the visits in July. The doctor wrote under the charge \$20.00, "July 31st, \$5.00," and receipted the bill. No complaint was made by the husband. Now let us observe what followed. Early in June, 1876, the woman came to the doctor's office, saying that she had a relaxation of the pelvic ligaments, and separation of the bones; that she had consulted several eminent surgeons, all of whom said that the attending physician was to blame for not discovering the lesion, and demanded what he was going to do—in other words, how much money he would give her, adding that she should sue him unless he made a settlement. The doctor replied that he should have to look up the case before answering. The husband called about ten days later, and was told by the doctor that no money would be paid, and that if a suit were brought he should be obliged to defend himself.

The woman made one or two subsequent demands, and finally, having found two lawyers just mean enough to undertake the case, a suit was brought, in the spring of 1877, for \$15,000. The case came up in December before a judge, and a non-suit was entered, for no

other reason apparently than that it was coming before an intelligent man.

This was supposed to be the end of the matter, and this impression was given out by one of the prosecuting attorneys. Two months afterward another suit was brought, this time for \$10,000.

This case was tried at the October term before a jury, and, contrary to all law and evidence, resulted in a heavy verdict against the defendant. The woman had just been confined with a second child *seven weeks* before the trial, and was in court, looking very pale, and walking very feebly, as is always the case with women so soon after a confinement.

She and all the other witnesses had learned their lessons so well that they told their story almost as though they believed it. They all swore that the doctor continued to make visits for more than two months, coming, the latter part of the time, once or twice a week; that the woman constantly made complaint of inability to walk, of a sensation as though the bones slid by one another; that the friends reminded him again and again of these symptoms, and that the only answer he made was, "that it was nothing but what she would get over in time," "that all women complained of the same," and so on.

In answer to all this the doctor had his sworn testimony based upon the record of his visits in his visiting-list, and further substantiated by his bill of \$25.00. The bill alone should have been sufficient to satisfy the jury, for it showed one of two things: either that the doctor told the truth, and that the five dollars was the charge for the three visits made in July, or that he made some twenty or thirty visits for *nothing*, which is too absurd for any intelligent man to entertain for a moment. Medical expert testimony was introduced on the doctor's side, and some by the prosecution, which certainly did not help their case; all was disregarded by the jury. It was proven to the satisfaction of every one, not on the jury, that the woman swore falsely. It came out during the trial that she never took a crutch for *two years!* after her confinement; it made no difference to the intelligent (?) jury. One or two witnesses swore to having seen her walking as well as any one when she was unobserved. All had no effect on the jury.

The lawyer for the prosecution had no other way than to accuse the doctor of perjury; this he did in language which was an insult to the court and a disgrace to himself. He knew he had no just case, he knows to-day that the doctor spoke the truth.

So much for one of the "learned counsel" for the prosecution; he

has prostituted his calling, and lowered himself by undertaking such a case. The other lawyer who did the dirty work in the beginning of the affair, was probably actuated solely by the greed for gain. His course has been such as ought to expel him from the bar, and from association with respectable people.

The case is clearly one of blackmail, and is so called by every one conversant with the facts. The verdict was obtained through sympathy with the woman, and shows that a jury is not *always* composed of intelligent men.

We think it is time the profession rose up in a body and protested against such things as this. We are completely at the mercy of any impecunious person who chooses to bring a suit, since it is always easy to find lawyers who have no honor, no conscience, and no decency, who are willing to undertake them.

This malicious prosecution of physicians is carried on to a fearful extent. We have recently seen a pamphlet by Dr. E. F. Sanger of Bangor, Maine, on this subject. He has been a victim twice, and although he has gained his cases, he has been put to heavy expense and great anxiety for the most trifling cause. Out of one hundred and fourteen communications received by him in one month, he has collected seventy malpractice suits, fifty-five threatened suits, and fifty-eight exemptions. We have no doubt that Massachusetts could show just as bad a state of affairs.

Another feature in these cases which is perhaps worse than anything else, is that here and there men calling themselves physicians are to be found who make a living by helping lawyers, and giving so-called expert testimony. Such men are worse than the mean pettifoggers who undertake the cases.

Clearly we stand in need of some legislative protection, and unless we have it we shall refuse to attend many a case through fear of the legal sharks which surround us.

WE are pleased to learn that Messrs. Houghton, Osgood & Co. have in preparation "A Tabular Handbook of Auscultation and Percussion." By Herbert C. Clapp, A.M., M.D., Instructor in Auscultation and Percussion in the Boston University School of Medicine, and Physician to the Heart and Lungs Department of the College Dispensary. With four plates. In one volume. 8vo.

This handbook is a condensed summary of the most important

and reliable observations in this branch of medical science, down to the present time. In its preparation free use has been made of the works of more than twenty authors eminent in scientific and practical study of the chest.

The special feature of the book, which will be appreciated at sight, is its *tabular arrangement*, which, as claimed in the preface, is "so systematic that any point needing investigation can be immediately referred to without a tedious and laborious search through many pages, and perhaps many volumes, . . . and which is especially advantageous, also, in differential diagnosis, as it brings into close juxtaposition information which is usually widely scattered, rendering comparison easy, point by point."

The work consists of two parts: the first describing the different physical signs, their varieties, character, mode of production, usual seat, and the diseases indicated; the second containing the physical diagnosis of diseases of the lungs and heart, taking up each disease stage by stage, and giving its physical signs under the headings of inspection, palpation, mensuration, percussion, respiration, rales, vocal resonance.

It is an eminently practical book, and is designed for students, and also for physicians in active practice, who can hardly be expected to "retain in their memories, for immediate use at all times, every point necessary for a delicate physical diagnosis."

SOCIETIES AND INSTITUTIONS.

*MASSACHUSETTS HOMŒOPATHIC MEDICAL
SOCIETY.*

THE Semi-Annual Meeting of this Society was held in Union Hall, No. 18 Boylston Street, Boston, on Wednesday, Oct. 9, 1878, and was called to order by the President, D. B. Whittier, M.D., of Fitchburg, at 10.25 A.M. No less than one hundred members were present during the day, by actual count.

MORNING SESSION.

The records of the last Annual and Special Meeting of the Society were read by the Secretary, and approved. Also the records of the Meetings of the Executive Committee, during the past six months.

The President read a brief and appropriate Address; alluded to his want of experience as a presiding officer, and lack of parliamentary knowledge, so essential to an acceptable and proper discharge of the duties of the office, modestly asking the members to attribute any want of fitness to the head, rather than the heart. He called attention to the Publications of the Society that were now completed to date, and the *war debt* paid, which suggested the idea that, in the near future, the *annual dues* might be reduced from five to three dollars per year. He also called attention to the subject of holding an occasional Semi-Annual Meeting of the Society in the Middle or Western portion of the State; and after alluding to the death of Anna W. Jackson, M.D., a recent member of this Society, in appropriate terms, he closed by invoking harmony in all our deliberations, to-day, each truthfully contributing of his own investigations and experience for the mutual improvement of all, and the warmest regard for the profession he has espoused.

On motion of Dr. Scales, of Woburn, the thanks of the Society were extended to the President, for his suggestive and appropriate remarks.

Dr. Scales, of Newton, moved that a committee of three be appointed by the Chair, to consider the suggestions in the President's Address, — *adopted*; and the following members were appointed: —

E. P. Scales, M.D., of Newton, George Russell, M.D., of Boston, and James Hedenburg, M.D., of Medford.

The Treasurer, H. C. Clapp, M.D., of Boston, presented his Semi-Annual Report, as follows, which, on motion, was accepted.

Boston, Oct. 9, 1878.

Cash in Treasury, April 10, 1878	\$780 43
Cash collected last six months	518 00
	<hr/>
	\$1,298 43
Amount paid out during last six months	226 95
	<hr/>
	\$1,071 48

H. C. CLAPP, M.D., *Treasurer.*

On motion, it was voted that the balloting for candidates be omitted — as the ballot-box was not then in the hall — till the Committee on Materia Medica should report. As no member of that Committee was then present, it was voted to proceed to the Committee on Clinical Medicine.

The Committee on Clinical Medicine reported through its Chairman, Dr. H. C. Clapp, of Boston, and the following papers were presented and read : —

I. Case from Practice. — Dr. C. W. Scott, Lawrence.

II. Fatal Case, and Result of Autopsy. — Dr. W. H. Lougee, Vienna, Austria.

No discussion followed, and, on motion, the Bureau was closed.

The Society next proceeded to the election of candidates for membership, and the following physicians having been recommended by the Executive Committee, were duly elected : —

SAMUEL H. COLBURN, M.D.	Athol.
GREGOR W. GILL, M.D.	Boston Highlands.
FREDERICK A. WARNER, M.D.	Lowell.
JOSEPH CHASE, JR., M.D.	Boston.
HARRY HORTON CUSHING, M.D.	Boston.
ORVILLE R. KELSEY, M.D.	Medway.
EDWARD ARTHUR MURDOCK, M.D.	Watertown.
WALTER H. WEEKS, M.D.	Lowell.
CHARLES FRANCIS SHERMAN, M.D.	Haverhill.
WILLIAM L. JACKSON, M.D.	Boston.
H. ELMORE RUSSEGUE, M.D.	Portsmouth, N.H.

When the name of E. Jeannette Gooding, M.D., of Boston, who had been favorably reported upon by the Board of Censors and Executive Committee, had been reached in balloting, Dr. James H. Osgood, of that city, rose and objected to her election upon the ground that it was variously reported that Dr. Gooding was a Clairvoyant in her practice, and he would therefore move that her application be recommitted to the Executive Committee for further action.

Dr. Gooding was present, and denied the charge presented by Dr. Osgood.

Dr. H. M. Jernegan, of Boston, favored the motion of Dr. Osgood, both in justice to the Society and Dr. Gooding, whom he believed to be a worthy and honorable physician; and unless her application was referred back to Committee, some doubt or stigma might rest upon either Dr. Gooding, on the Society, or both, if they should take no notice of the charge so publicly made; and he would therefore move that a Committee of three be appointed by the Chair to investigate the charge made against Dr. Gooding, and report at the April meeting. *Adopted.*

The President appointed as said Committee, H. M. Jernegan, M.D., Boston, H. A. Chase, M.D., Cambridgeport, and M. G. Houghton, M.D., Boston.

Dr. Jernegan refused to serve upon the Committee, and was excused, Dr. M. J. Flanders, of Lynn, being appointed in place of Dr. Jernegan.

On motion of Dr. J. T. Harris, of Boston, E. C. Knight, M.D., of Leominster, a former member of the Society, was reinstated.

The Committee on Obstetrics reported through its Chairman, Thomas Conant, M.D., of Gloucester, who communicated the following papers, which were read:

I. Nitrite of Amyl, in Convulsions of Pregnant Females. — Dr. A. M. Cushing, Lynn.

II. Viburnum Prunifolium, in Miscarriages. — Dr. M. V. B. Morse, Marblehead.

III. Report of a Case of Icterus Infantum, following Icterus Grovidorum in the Mother. — Dr. Thomas Conant, Gloucester.

In the discussion which followed, Dr. Bennett, of Fitchburg, desired to add his testimony to the great value of *Viburnum* in threatened miscarriages. He gave an illustrative case where he employed the *Fluid Extract of Viburnum* in water, fifteen drops in one-half glass, two teaspoonfuls to be taken every two hours; the hemorrhage soon ceased, and the lady went on safely to her full term.

Dr. Hedenburg, of Medford, spoke of the great value of hot water in post partum hemorrhage, as recommended by the late Dr. Gregg.

Dr. H. L. Chase, of Cambridgeport, confirmed the statement of Dr. Hedenburg, in regard to the value of hot water when employed, as advised by our late colleague and friend, Dr. Gregg.

On motion, it was voted that the Bureau be closed.

Report of delegates being next in order, Dr. Conrad Wesselhoeft, of Boston, Chairman of the delegation from this Society to the American Institute of Homœopathy, held at Put-In-Bay, in June last, reported that the session there held was a very important one, and the papers and reports presented were of a high order. He would make special mention of a report by Dr. Ludlam, of Chicago, as one of great value. He never attended a session of the Institute in which so many valuable reports and papers were read and discussed. The members present returned home feeling satisfied that it was one of the best meetings that the Institute had ever convened. It is hoped that the meeting to be held at Lake George next June, will be the largest and most important that the Institute has ever held.

Dr. Samuel Worcester, of Salem, formerly Secretary of the Vermont Society, remarked, that, as member of the Vermont Homœopathic Medical Society, he would make a brief report, though not as a delegate. The Society had been remiss in sending out delegates to the Massachusetts Society, but they were nevertheless alive, and in good working order. The Society held a two-days' session in June last, the time being largely spent upon the subject of legislation. The two principal topics which came up for discussion were the new law licensing physicians to practise Medicine in the State, and the proposed State Board of Health. He joined this Society eight years ago, and has always felt a deep interest in its prosperity.

Dr. Nathan R. Morse, of Salem, said that he had faithfully performed his duty as delegate to the New Hampshire Homœopathic Medical Society by being present at its meeting in June last. The New Hampshire Society is small, but it has several active workers, who are always present, and determined to do their duty in holding high the standard of Homœopathy under which they and we alike are steadily marching forward to a glorious triumph. The address by the President, Dr. J. H. Gallinger, of Concord, N.H., was replete with valuable suggestions, and was happily received. No papers or reports were presented from the various committees, but several important discussions took their place.

Dr. E. U. Jones, of Taunton, delegate to the Rhode Island Homœ-

opathic Medical Society, reported that he had attended one meeting of that Society the past year, and all the reports and papers were good. Dr. Jones said that he had forgotten that he was a delegate to the Society, or he should have been present at their last meeting.

The delegates appointed to the Maine, Vermont, Connecticut, and New York Societies did not attend, and, consequently, were minus a report.

Dr. E. P. Scales, from the Committee on the President's Address, made the following report: "The Committee recommend that correspondence be entered into between the Executive Committee and some of the Western members, to ascertain if it is deemed advisable to hold the next October Meeting in one of our Western cities, and if the probable additions to the Society should render it advisable, that the meeting be held in the place selected by the Executive Committee."

On motion, said report was accepted.

On motion of Dr. Underwood, of Boston, it was voted that all delegates from other Societies present should be invited to lunch with the Society.

At 12.55 P.M. it was voted to adjourn one hour, for lunch.

AFTERNOON SESSION.

The Society was called to order by the President, at 1.55 P.M.

Dr. A. M. Cushing, of Lynn, then delivered the Annual Oration — Subject, "Opinions."

The Address was replete with good humor and telling points, which held the undivided attention of the members present till the close of the Address, when Dr. Sanders, of Boston, moved that the thanks of the Society be, and are, hereby extended to Dr. Cushing for his able and interesting address. *Adopted.*

The Chairman of the Committee on Pædology, Dr. Scales, of Woburn, said that the Committee had no paper to present at this meeting of the Society; but, acting upon the suggestion of Dr. Cushing, he would speak of a severe epidemic of whooping cough, which had prevailed in Woburn during the past season. The remedies usually employed in whooping cough did not appear to have any decided influence. At the meeting of the Essex County Homœopathic Medical Society, in August, Dr. Cushing spoke of giving the *Nitrite of Amyl* in several severe cases of whooping cough, when the paroxysms were promptly arrested, and the cough speedily cured. I then promised to try the *Nitrite of Amyl* on my return home. I have given it

in several cases, always with relief to the paroxysms at once, but still it has not cured the cough. I have given it in the first decimal dilution.

Dr. Cushing then remarked that in several severe cases of whooping cough, he had given the *Nitrite of Amyl* with the happy result of not only arresting the paroxysms, but curing the cough promptly.

Dr. Jones, of Taunton, reported that he had met with many cases of whooping cough in which the paroxysmal cough had been relieved by *Sticta*, and the cough would not last more than one week. The cough was severe, dry, and hard, worse by night and on lying down, but often loose in the morning,—the spasmodic stage of the disease.

Dr. Scales, of Newton, corroborated the statements of Dr. Jones in regard to the value of *Sticta* in whooping cough, as he had frequently prescribed it in that disease.

Dr. Flanders, of Lynn, mentioned the use of *Corallium Rubrum*, 6th decimal, in whooping cough, which had always produced the happiest results in her practice.

Dr. George Russell, of Boston, called the attention of the Society to the *Yerba Santa*, which he had given in several severe cases of whooping cough, with gratifying success.

Dr. Jones said that the remarks by Dr. Russell, in regard to the value of the *Yerba*, reminds him of the importance of the *Sulphium Gummiferum* in asthma. It is a remedy that comes in between *Arsenicum* and *Ipecac.* as *Gelseminum* does between *Aconite* and *Belladonna*. He gives it in the 3d centesimal trituration. It works finely in the asthma of children.

On motion, the Bureau was closed.

The Committee on Surgery next reported through its Chairman, Prof. I. T. Talbot, of Boston, and the following papers were presented and read:—

I. Some of the Pathological Conditions of Coxitis. W. R. Bartlett, M.D., Chicopee.

II. Paronychia. W. R. Bartlett, M.D., Chicopee.

III. Scirrhus Tumor. E. P. Scales, M.D., Newton.

IV. Fistula in Ano, Concomitant with Typhoid Fever. C. W. Scott, M.D., Lawrence.

V. Surgical Case. Thomas A. Capen, M.D., Fall River.

VI. Chronic Ulcers. J. S. Shaw, M.D., Boston.

Prof. Talbot made some interesting remarks in regard to the value of various Homœopathic remedies in the treatment of surgical cases, and said that if such valuable remedies are to be found in our Materia

Medica, it should be the object of this Society to employ and make known their value as surgical aids in the treatment of surgical diseases. He believed that an important and wide field for labor and investigation opened before us, and it is our duty as physicians and surgeons to take possession of this promising field, and thus make the most of our resources.

Dr. A. J. Runnells, of Walpole, presented an interesting surgical and clinical case, in the person of a gentleman some sixty years of age, who exhibited all the appearances of a Lupoid growth on the right breast, which had been coming on slowly for the past six years. It was examined with interest by nearly all the members present.

Dr. Jernegan, of Boston, verbally reported an interesting case of hair-lip and clef-palate in a young infant, who was sent to him to operate on by Dr. C. W. Scott, of Lawrence. The fissure in the palate was very wide, and extended from the anterior to the posterior portion of the same; the septum of the nose was wanting, and the cleft in the upper lip was unusually broad, and the child poorly-nourished. Dr. Jernegan performed the operation in the presence of several physicians, and it proved quite successful; the little patient did well, and was able in a short time to be taken home to Lawrence, where it soon after had an attack of Cholera Infantum, and was not expected to live, but finally recovered, and the little patient's surgical operation has proved a complete success. The result of this case suggests the importance of performing such operations while young.

Discussion upon the papers of this Bureau being now in order, Dr. L. D. Packard, of South Boston, spoke of varicose ulcers, and said that he believed in the use of *Hydrastis* locally to the ulcer, as recommended in the paper by Dr. Shaw, just read. Instanced the case of a school-teacher in South Boston, who had a large varicose ulcer upon the limb, whom he told that if he was willing to remain in bed three or four weeks, it could be healed, and it was done with applications of powdered *Hydrastis*.

Dr. Packard remarked that in another case, with five or six large ulcers, he had the limb thoroughly washed in the morning, when he employed a solution of the *Nitrate of Silver*, making an application upon the ulcer with a hair-pencil, and then sprinkled in the powder of *Hydrastis*. He gave internally, *China*, *Hepar Sulphur*, and *Mercurius*, but he attributed the healing of the ulcers largely to the use of *Hydrastis*.

Dr. F. H. Krebs, of Boston, remarked that it was possible that the members of this Society may give too much credit to the application

of *Hydrastis* in varicose ulcers, so he would speak of a lady who had an ulcer upon the tibia as large as the palm of her hand. She had used the *Hydrastis*, but did not keep quiet. He ordered her to keep quiet, and use freely the Cochituate, and then fill the ulcer with lint, and cover it over with a compress of the Cochituate water, and have it changed morning and night. The doctor gave no medicine, and the ulcer healed promptly. He wanted to see if it was medicine or rest that was needed to heal such ulcers. He was satisfied that rest was the most important factor.

Dr. D. G. Woodvine, of Boston, said that the report and discussion upon ulcers was of great value to the profession, since such ulcers were so frequently met. He had a lady patient, sixty-five years of age, with an ulcer upon the calf of her limb as large as his hand. He recommended perfect quiet, and had the ulcer thoroughly washed every morning in tepid water, with *Arnica*, and dressed in *Cosmoline*. He had given *Hydrastis*³², internally, but he was not sure but that these ulcers might be healed, if nothing but *Cosmoline* was employed as dressing upon them.

Dr. M. V. B. Morse, of Marblehead, would speak of the value of *Hydrastis* in old, indolent ulcers. A case came into his hands from an Old-School physician, which had been treated for years with indifferent success, — the ulcers not healing. Dr. Morse gave *Hydrastis* internally, and applied compresses of linen, saturated with a solution of *Hydrastis*, externally; the ulcers were doing well, but did not heal up, when the patient was taken down with dysentery, and confined to the bed, and in that position they rapidly healed, which also shows the value of rest in a recumbent position.

Dr. Bennett, of Fitchburg, mentioned the case of a lady, two months pregnant, who spoke to him of a tumor which she had in her breast. He examined the tumor, and promised to prepare some medicine for it; but for some reason or other he neglected to give her the medicine after it was prepared, and the tumor disappeared without it. Now if he had given her the medicine, quite likely he should have attributed the disappearance entirely to that.

Dr. Packard remarked that he had learned something this afternoon, and that was, that rest was all that was needed to heal old ulcers. He wished to say that some of his cases moved about daily, and attended to their business while the ulcers were healed.

Dr. Shaw, of Boston, said that there seemed to be some doubt in the mind of Dr. Woodvine whether *Hydrastis* or *Cosmoline* was the remedy most efficacious in the treatment of the ulcers reported by him

(Dr. Shaw), but he himself was satisfied that it was due to the applications of *Hydrastis*. He could give Dr. Woodvine a case where the *Cosmoline* had been employed with no good effect, which was rapidly healed by applications of *Hydrastis*.

Prof. Talbot inquired if the Committee held over to the April meeting; and being informed in the affirmative, requested the members present to remember and send to the Committee on Surgery all cases illustrative of the value of remedies employed in surgical diseases; and, on motion of Dr. Talbot, the Bureau was closed.

The Committee on Pharmacy made a report through its Chairman, Prof. Conrad Wesselhoeft, of Boston, who said that he regretted that he had not been able to present a written report, but the subjects on which he had been engaged for some time had not reached that degree of perfection which would admit of positive statement. He had, however, hoped for the presence of Dr. Whitney, whom he knew had made some very useful and interesting observations on the best methods of preparing triturations, which it is to be hoped Dr. Whitney will soon be able to communicate to the Society. Those observations have special reference to the preparation of inert, solid substances. Investigations in the same field have occupied the attention of Dr. Wesselhoeft for some time past. Experiments show that some remedies do not act the same when given in potencies as when employed in triturations. A distinction should be made between soluble and insoluble substances. Of the latter, *Silicea*, for instance, he did not believe it had been reduced to such a degree of fineness so as to become soluble. The other class may be easily reduced to such a degree of fineness as to be readily soluble, either in water or *Alcohol*. Dr. Wesselhoeft was satisfied that these two classes of substances must be reduced in a different way, especially the insoluble, in order, if possible, to develop the latent power of the so-called insoluble substances. Investigations, in the future, should be in this direction. He hoped to offer the Society something tangible in this line, either in April or October next.

Dr. Bennett remarked that Dr. Colby, in a paper read before this Society some time since, urged the importance of giving *Arsenicum* in solution, in order to get uniform effects from the drug. Now he had looked over the provings of *Arsenicum*, and he found that they were largely the symptoms noted after the trituration of the drug had been given; and why should not the trituration of *Arsenicum* be the preparation that we should employ? Dr. Bennett had employed both solution and trituration, and he found that the latter gave him far the

best results. He believes that when the provings of the drug are made, whether it be the solution or trituration of it that is employed, the same should be given in the treatment of disease as used in the proving.

Dr. Hedenburg, of Medford, was delighted to see the article recently published in the *GAZETTE*, by Prof. Conrad Wesselhoeft, and equally pleased with the remarks of the gentleman on this occasion, though he desired to take a single exception to his statement that the generally-accepted belief was, that insoluble substances became soluble after trituration with milk-sugar. Dr. Hedenburg said that he seemed to be speaking to-day for the *ancients* — and, he might add, the honorable — as they would remember that he spoke a word for the late Dr. Gregg, in the Morning Session, and he wished right here to say that the late Dr. Richard Bloss, of Troy, N.Y., a *pioneer* of Homœopathy in Northern N.Y., made, some twenty years ago, experiments to settle this question, and then reached the conclusion that insoluble substances, triturate them as you will, are the same, insoluble still. These investigations were reported and published at that time, in one of the volumes of the “Transactions of the New York Homœopathic Medical Society.” Those observations settled the point in his mind, and he hoped that many may have it as effectually settled for them by the labors of Prof. Wesselhoeft. The exception he wished to make was that, as far as his knowledge extends, those of our school known as “low dilutionists,” have never believed in the solubility of insoluble substances after trituration, and have consequently not employed them in practice.

Dr. Cushing remarked, that a delegate from the New York State Homœopathic Medical Society had just arrived, and he moved that the courtesies of the Society be granted to Dr. Carpenter, of Troy, New York. *Adopted.*

Dr. Carpenter then said that he could corroborate the statement just made by Dr. Hedenburg, and remarked that he was a student of medicine in the office of Dr. Bloss at the time when the experiments referred to were made, and if at home, could find the published report of the same.

The Committee on Climatology was well represented by a valuable paper from its Chairman, W. B. Chamberlain, M.D., of Worcester, entitled, “Rambling Thoughts on Climatology,” which was read by the Secretary, all the members of the Committee being absent.

On motion, the paper was accepted.

The Committee on Publication presented their report, through the

Secretary; the concluding paragraph, alluding to the fact that the "Transactions of the Society" were now published, to date, instead of five years hence, and would be ready for distribution to the members entitled thereto, in a few days, and at less than *one-half* the cost of publishing them, as voted by the Society in April last.

No reports from Societies or Physicians having charge of Charitable Institutions were received, except a brief verbal one by the Secretary of the Essex County Homœopathic Medical Society, who reported that Society in a flourishing condition. Its monthly meetings were more largely attended than ever before, although two of its oldest and most highly-honored members had been absent in Europe, engaged in the study of Medicine, during the past year. Many of this Society were present at their "Field Day," in July last, and can testify to the success and interest of that day's meeting.

Dr. Carpenter, delegate from the New York State Homœopathic Medical Society, asked that he might be excused, in arriving so late in the day, as he was laboring under the impression that the Society held a two-days' session; however, he had been pleased and profited by this brief visit in what he had seen and heard.

Prof. Talbot, Dean of Boston University School of Medicine, invited the members of the Society to attend the opening Address of the School by Prof. Walter Wesselhoeft, at the College Building, on East Concord Street, this evening, at 7 P.M.

On motion, the Society adjourned at 4.40 P.M.

NATHAN R. MORSE, M.D.,
Recording Secretary.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner Third Avenue and Twenty-Third Street.— *Report for the Month ending Oct. 31, 1878:—*

Number of Prescriptions	.	.	.	.	4,029
“ new Patients	.	.	.	.	476
“ Patients resident in the Hospital	.	.	.	.	87
Average daily Attendance	.	.	.	.	149
Largest “ “	.	.	.	.	208

J. H. BUFFUM, M.D., *Resident Surgeon.*

RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.

A QUARTERLY meeting of this society was held on Friday evening, July 12th, at the residence of Col. J. C. Budlong, Surgeon-General R.I.S.M., at Centerdale, a village some four miles from Providence. Despite frequent showers, the attendance was unusually large and punctual, business commencing soon after 7 o'clock. Dr. Emily Metcalf Thurber was admitted to membership, being the third regularly educated lady whose name appears on the roll. The Secretary, in behalf of the Committee on Legislation, reported that when a special committee was appointed by the Board of Aldermen to arrange for the medical treatment of the city poor during the current year, he appeared before its several members, exhibited the work performed by the Homœopathic Dispensary during the two preceding years, and proposed (disclaiming meanwhile any intention of competing with the "Providence Dispensary") to render similar service upon equal terms, that those preferring Homœopathic treatment might receive it, while the indifferent should be distributed in such a manner as to equalize the burden. As was expected, *neither* received an appropriation, but the Overseer of the Poor was authorized to contract (under supervision of the said committee) with such physicians as should be required for that service. It is a matter of congratulation to tax-payers that this reform, the separation of public and private charities, has at last been attained. Homœopathy having passed its infancy, and not yet attained decrepitude, is able to maintain its benevolent works.

The quarterly statement of the Dispensary showed that two hundred and eighty-three visits had been made to forty-one patients by the physician for the eastern district, fifty visits to twelve patients by him in charge of the western, and six hundred and sixty-eight prescriptions issued to three hundred and forty-two persons at the rooms, giving a thousand and one prescriptions to three hundred and ninety-five applicants.

Dr. Hicks gave some interesting data relative to the comparative frequency of physicians in various sections. The Secretary described at length a recent case of Nephropostasis. Dr. Sawin read an essay entitled "Thoughts on Contagion," which, after discussion by Drs. Gottschalok, Barrows, Wilcox, Hall, Stowe of Fall River, whom we were most happy to greet as a guest, and others, elicited a unanimous vote of thanks for its author:

Dr. Caldwell reported that on May 26th, Mr. W——, a merchant, came to his office in great distress. He was very pale; great drops of sweat coursed down his cheeks; he walked with difficulty, and could not speak until he was seated. He complained of intense pains on the right side, just above the crest of the ilium. He stated that five years previous he had experienced similar but less severe pains on the left side, which had continued through many weeks, and had been followed by the passage of a stone. He had just spent an exciting day in Wall Street, and was standing near the door of a street-car in New York when taken, late the previous afternoon. I gave him two doses of *Cantharis* ^{6th} in fifteen minutes, which were followed by four more at nearly equal intervals. He then felt so much better that he started for his residence. He has had no return of the difficulty, and has taken no more medicine. In some instances large calculi have passed from the kidneys without pain, while very minute stones or gravel in other cases have caused great agony. Each can easily be explained by the different conditions of the mucous lining of the bladder. If highly inflamed, the smallest gravel would cause intense suffering by irritating to contraction the inflamed surface; a condition best met by *Cantharis*.

Late in the evening Dr. Budlong invited his guests to the spacious dining-room, where salads, creams, and fruits regaled appetites whetted by long riding and close thinking, beautiful and fragrant flowers erewhile ministering to the more delicate sensibilities. The final adjournment was not effected until nearly midnight.

A QUARTERLY meeting was also held at the residence of Dr. Ira Barrows, on Friday evening, Oct. 11th. Twenty-three physicians were in attendance. A large part of the evening was devoted to business, one item of which may deserve mention: the adoption of the anchor as the new seal of the Society. This emblem is most appropriate.

Dr. E. D. L. Parker, of Pawtucket, presented an essay entitled "The Laryngoscope, with Cases from Practice," and later in the evening a written report of a case of idiopathic "Acute Metritis." The associate essayist being unprepared, was continued to the next meeting, and Dr. J. A. Chase, of Pawtucket, added, with Drs. Robert Hall and M. D. M. Mathews as substitutes. The President was requested to prepare an address for the same occasion. Dr. Gottschalk gave an interesting account of the manner in which he came to treat a yellow-fever patient in the Rhode Island Hospital (allopathic).

Votes of thanks were passed for Dr. Parker's valuable papers and for Dr. Barrows' cordial hospitality, it having occurred that about ten o'clock our host invited us to a table groaning beneath its load of chickens, oysters, creams, ices, and fruits; and, as we separated, every one joined in the wish that he might be spared to attend very many of our gatherings.

During the past quarter, five hundred and ninety-seven prescriptions were issued to three hundred and one applicants at the Dispensary; fifty-four patients in the eastern district received three hundred and twenty-one visits; while from the western no report was received.

THE next annual meeting of the Rhode Island Homœopathic Society will be held in Providence, on the Friday evening before the first full moon of January, 1879. Delegates and others intending to be present are requested to notify the Secretary, Dr. Geo. B. Peck, Jr., Providence, R.I.

COLLEGE OF PHYSICIANS AND SURGEONS OF MICHIGAN.

DETROIT, MICHIGAN, NOV. 1, 1878.

A SPECIAL meeting of the Detroit Homœopathic Institute was held at the rooms of the Free Dispensary last evening, to consider and act upon the report of a committee appointed at a previous meeting, to inaugurate measures to establish an incorporated society.

This committee, through its chairman, Dr. J. G. Gilchrist, presented a constitution and by-laws for the proposed society. These were taken up, considered by sections, and adopted.

The name of the association is the College of Physicians and Surgeons of Michigan. The object is the systematic study of medicine and all collateral sciences, the accumulation of a library for the use of its fellows, the establishment of pathological, histological and scientific museum, the organization of a laboratory for the experimental study of chemistry, physiology, pathology and microscopy, and to advance the cause of scientific medicine in every way that may be feasible. Three classes of members are provided for—active members, consisting of physicians resident in Detroit, Wayne County, or contiguous thereto; corresponding members, who shall be residents of Michigan; honorary members, who shall be distinguished members of the profession. The dues are \$1 quarterly, exacted of active and corresponding

members. Meetings are to be held weekly for the hearing of papers and the discussion of scientific questions. Library, museum, and laboratory are provided for, with fees for their use, and provision for material for supplying them.

The constitution and by-laws having been adopted, the organization was perfected by the election of the following officers: —

President—J. G. Gilchrist.

Vice-President—T. F. Pomeroy.

Recorder—R. C. Olin.

Corresponding Secretary—D. J. McGuire.

Treasurer—F. X. Spranger.

Curator—Wm. M. Bailey.

Executive Committee—J. D. Craig, F. Woodruff, J. D. Kergan.

On motion, Dr. Gilchrist was appointed to give the first monthly lectures, Dr. McGuire the second, and Dr. C. C. Miller the third. The lecturer for each month, gives lectures on each Monday evening of the month.

The meetings will be held for the remainder of the year at the rooms of the Homœopathic Dispensary on Shelby Street.

Dr. Gilchrist announced the subject of his lectures for November and the college then adjourned for two weeks.

Contributions to the museum or library, by all who wish to aid in elevating medical science, may be sent to the Corresponding Secretary. Dr. D. J. McGuire.

BOOKS AND PAMPHLETS.

ANATOMY DESCRIPTIVE AND SURGICAL. By HENRY GRAY, F.R.S.—

With an introduction on General Anatomy and Development by T. Holmes, M.A. New American, from eighth and enlarged English edition, to which is added Landmarks, Medical and Surgical, by Luther Holden, F.R.C.S. Philadelphia: Henry C. Lea, 1878.

THIS work is so well known, being used as a text-book in nearly all the medical schools throughout the country, that little need, or indeed can, be said about it. This edition is a reprint of former, being more carefully revised, having passed under the supervision of Dr. R. J. Dunglison. Only such changes have been made as the ever progressive scientific research has seemed to demand. The book is fully and finely illustrated. The addition in the form of an appendix of the "Landmarks, Medical and Surgical," by Mr. Holden, is certainly a great and valuable aid both to student and practitioner.

The book is presented in the well-known, serviceable form which invariably characterizes the publications of Mr. Lea.

THE APPLICATION OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY TO OBSTETRICS, AND THE DISORDERS PECULIAR TO WOMEN AND YOUNG CHILDREN. By HENRY N. GUERNSEY, M.D., Prof. Obstetrics and Gynæcology in Homœopathic College of Pennsylvania. Third Edition, revised, enlarged, and greatly improved: Boericke and Tafel, 635 Arch St., Philadelphia.

It has been the aim of the author, in this edition, to omit matter contained in previous editions which could be dispensed with, and to add such valuable matter as has been brought to the knowledge of the profession. This work the author has faithfully done. Undoubtedly this is the best work on Obstetrics as modified and governed by Homœopathy. The subject-matter is about equally divided between Obstetrics and Gynæcology, and it is to be regretted that each subject had not been presented in separate publishing form, as in its present shape it is rather unwieldy either for the convenience or service of the reader. The book is neatly and durably bound.

THE LAWS OF THERAPEUTICS, OR THE SCIENCE AND ART OF MEDICINE.

A Sketch by JOSEPH KIDD, M.D. London: C. Kegan Paul & Co., 1 Paternoster Square. 1878.

HOMŒOPATHIC THERAPEUTICS. By S. LILIENTHAL, M.D., Editor *North American Journal of Homœopathy*, and Prof. of Clinical Medicine, N.Y. Hom. College, etc.: Boericke & Tafel, 635 Arch St., Philadelphia.

THIS work, designed by the author as an aid only in selecting the proper remedy, fills a want long felt by the profession. A good repertory is indispensable to the physician, and in this book we have that need well supplied. It is rather to be regretted, however, that the remedial treatment of the various diseases being so admirably given, it was not prefaced in each case by a chaste epitome of the cause, symptoms, diagnosis, etc., of the diseased condition, somewhat after the last edition of Tanner's "Index of Diseases." The name of the author of the Therapeutics is in itself a guaranty of the thoroughness and fidelity of the work.

A REPERTORY OR SYSTEMATIC ARRANGEMENT AND ANALYSIS OF THE HOMŒOPATHIC MATERIA MÉDICA. Contents:—Chap. I. Disposition and Mind. II. Sensorium. III. Head, Scalp, Hair. By DR. DUDGEON. London: Hahnemann Publishing Society.

ON REST AND PAIN. By JOHN HILTON, F.R.S., F.R.C.S. NEW YORK: Wm. Woods & Co., 27 Great Jones Street. 1879.

CORRESPONDENCE.

NEW HAVEN, CONN., Oct. 30, 1878.

To the Editor of the New England Medical Gazette:—

Dear Sir,—Ambitious provers, sighing, like Alexander, for other worlds to conquer, may find gratification in the direction indicated by the subjoined extract:

“EXTRAORDINARY MEDICINES.

“A Chinese pharmacopœia, now on exhibition at the Paris Exposition, contains some extraordinary remedies for the ills which flesh is heir to. The *larvæ of grasshoppers*, dried and roasted, are prescribed for headaches, dried *fowls' gizzards* for indigestion, a glutinous decoction of *donkeys' skin* for pulmonary diseases, and a powder of *elephants' skin* for rheumatism. One of the stimulants is a *tincture of scorpions*, and the most recommended tonic a trituration of *tigers' bones*, though it is very costly. A remedy possessing much virtue in restoring persons suffering from fainting-fits, or hysteria, is a snuff prepared from flour mixed with the *saliva of toads*, and dried.”

Very sincerely yours,

B. H. CHENEY.

ITEMS AND EXTRACTS.

MAY WE USE HOMŒOPATHIC MEDICINES?—Dr. C. H. Sanborn, of Hampton Falls, N.H., writes to the *Michigan Medical News*: I am a subscriber and reader of your valuable journal. The first editorial in No. 15 suggests another question—Will you or somebody else answer it satisfactorily?

Your question is, “May we consult with Homœopaths?”

My question is, “May we (regular practitioners) use Homœopathic medicines?”

If you say “No,” with good reasons for saying No, that ends the matter.

If you say “Yes, you may try (when occasions offer) any kind of medicine which those who use it allege to be useful, and if in your hands it proves to be a valuable medicine, then you may properly use it,”—do you not open the door too wide?

With you I hail the discovery of new medicines, like Cascara and Grindelia, etc., but must we or must we not accept all new medicines, or new forms of old medicines, which on trial prove useful?

How large is the door which separates medicines, we may use properly from all other medicines or pretended medicines, and when shall the door be opened, and who shall open it?

May a regular doctor prove all things medicinal as he has opportunity, or may he not?

I don't forget that a fool may ask questions; but don't call a *bona fide* subscriber to your journal a fool, or an ass, or any such a name.

Answer of the Michigan Medical News.

The doctor's questions, it strikes us, are well timed. We know of no reason why a regular physician may not employ a Homœopathic drug, so-called. The whole field of nature is open to us. It is only the exclusivist and the dogmatist who confines himself to one corner of this field. The question of doses is by no means a fixed question, and if experience shows a small dose to be as efficient or more so than a large dose, it is our duty, as well as our privilege, to employ it, irrespective of any dogma with which infinitesimal doses may be identified. The palatableness of Homœopathic medicines is their

passport to public favor, and we should not stubbornly close our eyes to the lesson herein taught us.

“ No pent-up Utica contracts our powers,
The whole boundless universe is ours.”

AN ETHICAL QUESTION.—The following correspondence, published in the *Michigan Medical News*, explains itself:—

HOWELL, Aug. 12, 1878.

WM. BRODIE, M.D.:

Dear Sir,—I would be very much obliged to you if you would send me your opinion, in writing, upon a question of ethics, viz.: Is it a violation of the code of ethics, as adopted by the American Medical Association, for a regular physician to attend a *post-mortem* examination in connection with Homœopaths, said *post-mortem* conducted by Homœopaths? Very truly yours,

C. V. BEEBE, M.D.

DETROIT, Sept. 2, 1878,
64 Lafayette Avenue.

C. V. BEEBE, M.D.:

Dear Sir,—I know of nothing in the code of ethics that could be regarded as having any legitimate bearing on the question of attending a *post-mortem* examination conducted by a Homœopathic physician, any more than riding in the same street-car with one. If a regular physician should directly *assist* a Homœopath in making a *post-mortem* examination, and *specially consult* with him about the *nature of the morbid changes found*, it is possible that some would rank it the same as a *consultation at the bedside of the sick*. But it would seem to me an unnecessary *stretching* of the code. Yours very truly,

WM. BRODIE.

Great bodies move *very* slowly.—*American Observer*.

EPILEPSY.—*Amyl nit.*—Harvey Trotter, colored, aged eighteen, has for the past two years had epileptic convulsions. The attacks recurred every two weeks regularly, and, according to the notion of the patient, at the new and full of the moon. A day or two before each attack he had what he described as the “jerks”—muscular twitching in his legs, arms, and face. The attacks were characterized by the usual symptoms of the disease. The patient showed no evidence of disease except, perhaps, slight indigestion from occasional over-indulgence in eating, for he confessed to having “an awful good appetite.” Six or eight weeks ago I gave him *Amyl nit.* 1^z, in a half-ounce phial, to be carried in his pocket, to be inhaled three times a day, and when the “jerks” came on to inhale it more frequently—every hour—until the twitchings disappeared. Thus far there have been no “jerks,” nor convulsions, notwithstanding the moon has “rolled on,” waxed, and waned the past two months.

THE PITH OF THE DRIED CORN-STALK AS A UTERINE TENT.—Dr. W. T. Goldsmith, of Atlanta, brings this substance to notice in the *Transactions of the Medical Association of Georgia*, 1878. Take a joint of dried corn-stalk; strip it of its cuticle, and compress the pith, slowly and firmly, between the thumb and index finger. By continued pressure, it is reduced four or five times less than its original size. It has a dilating power equal to sea-tangle or sponge. The corn-stalk tent is of easy introduction. Its rigidity overcomes any slight resistance. Dr. Goldsmith has used this tent for the last seven years. He has not had a single accident from its use, although he has introduced the tent many hundreds of times. The advantages of this corn-stalk tent are:

It dilates effectually, but not too rapidly. It is smooth, soft, and can be removed without force. It produces no lacerations, abrasions, or irritation of the mucous membrane.—*Maryland Medical Journal*.

LACTOPEPTINE.—This well-known preparation is now used largely by the better class of physicians in chronic complaints involving the digestive and assimilative systems. It approaches so near to nature's compounds in the intestinal canal, that it supplies a deficiency not reached by any other preparation of the laboratory. It is so skilfully prepared, that the most fastidious do not object to its taste. It is coming now into use for Vomiting in Pregnancy, Cholera Infantum, and Constipation, and will, during the coming summer, be often resorted to for Diarrhoea caused by long-continued insolation. A more extended use would probably develop more extended application.—*St. Louis Clinical Review*, May 15, 1878.

PERSONAL.

OTIS GOODWIN, M.D., has removed his office to No. 298 Front St., in Worcester.

ELIZA H. LANG, M.D., Class of 1877, Boston University School of Medicine, has settled at No. 815 North 20th St., in Philadelphia.

DR. R. F. C. BROWNE has located at Warren, R. I.

DR. H. E. RUSSEGUE has removed from Portsmouth, N.H., to South Framingham, Mass.

GERTRUDE A. GOEWEX, M.D., has opened an office at No. 7 Broad Street, in Albany, N.Y.

IN printing the list of the Medical Staff of the Good Samaritan Hospital of St Louis, Mo., the name DR. JAS. A. CAMPBELL, as Oculist and Aurist, was accidentally omitted.

THE
NEW ENGLAND MEDICAL GAZETTE.

No. 12.

DECEMBER, 1878.

VOL. XIII.

THE LARYNGOSCOPE, WITH CASES FROM PRACTICE.

BY DR. E. D. L. PARKER.

Read before the Rhode Island Homœopathic Society.

ALTHOUGH it is twenty years since the introduction of the laryngoscope to our country, the inspection of the larynx, by general practitioners, is the exception, rather than the rule. Yet in no special department of medicine has there been such marked advance, so much fruitful investigation, results so brilliant, as in that obtained by bringing this organ within the range of vision. To the general practitioner in our climate, subject, as it is, to changes so sudden and wide, no inconsiderable portion of business is derived from this class of diseases. We all know how numerous are the complaints passing under the names of throat diseases, coughs, croup, catarrh, and diphtheria; and we well know when any of these find their seat, as they most frequently do, within the larynx, it is then they present their most formidable characteristics. The organ, from its exposed position and delicate structure, is exceedingly prone to become the seat of disease, and there is no organ whose implication more disastrously interferes with the sustenance of life. Respiration must be performed through the larynx, and from its anatomical formation, any mechanical obstruction from disease or other cause, especially in children, rapidly becomes fatal. By the aid of the laryngoscope we may determine positively the nature and extent of disease therein situated; without it, all is mere conjecture. It is well known, widely-different conditions present closely-resembling symptoms. The stenosis aris-

ing from Acute Laryngeal Catarrh, cannot be positively distinguished from that of croupous membrane formation. The mechanical effect is identical, but the result and treatment required, how different! aphonia obtains from causes quite opposite, requiring treatment equally diverse; only by the laryngoscope can we positively inform ourselves of the actual condition. Success in the use of the instrument requires no especial skill. The principles and conditions are few and simple. Like all aids from which so much has been obtained, it has been the object of improvement, and is now presented seemingly perfected. A certain amount of practice is required to realize all the benefits arising from its use; but this can be acquired by all with perseverance. The following cases will indicate the character of the aid rendered thereby. Uncertainty must have prevailed in all, and in some it would have been impossible to have ascertained the real condition without inspection of the parts.

Case 1.—Female, aged 44, of nervous temperament; thin and active; a small eater, and fastidious; much out of doors; respiration maintained through the mouth. Had been under the treatment of an allopathic physician for more than two years. His treatment was external as well as internal, and at times heroic: *e.g.*, fly-blisters to the upper thorax and sides of neck, irritants about the neck every night, when retiring, with depleting and narcotic remedies exhibited internally. No satisfactory diagnosis was given the patient. She had had but one acute formidable illness during life, which was right pneumonia. When presenting herself, April 2d, there were constant hacking efforts, or a hacking cough, day and night. The former were unconsciously performed. At night sleep was impossible, or much disturbed. There was a constant aching pain in the throat and upper thorax, and sensation as though respiration would cease, if decided effort was not made; the voice husky, and exertion required to speak, also to swallow. The patient was discouraged, and had abandoned hope of relief. Her thoughts were constantly occupied by her discomfort.

An unassisted examination of the pharynx gave no

enlightenment, but the difficulty was definitely determined, by the aid of the laryngoscope, to be anæmia of the larynx. The patient could not be said to be generally anæmic, but the laryngeal trouble was marked. Undoubtedly the treatment pursued had been a factor in producing this condition. The mucous membrane presented a pale, bloodless appearance; small blood-vessels were seen of a pale red color; the vocal chords were lax; the ventricular bands thinned and pale. There was a loss of sensibility also, for the instrument was tolerated more readily than usual. The treatment consisted of atomized inhalations of one teaspoonful of *Hydrastis* diluted with two tablespoonfuls of soft water morning and evening. Improvement was immediately apparent; in one week the patient slept undisturbed; discomfort and pain were gone. The treatment was continued at intervals, to July 1st, when she went to the seaside, where she remained until Sept. 30, during which time there was no return of the trouble. The cure after these months seems complete.

Case 2.—A female, aged 50, strong, and caring for her family; said she had something in the throat; thought it a piece of bone that lodged there while eating, though she could not recollect any time when the lodgment took place; had felt its presence for several weeks; was making constant efforts at its removal, though nothing could be seen. With the instrument a small, rough tumor was found attached by a pedicle to the margin of the epiglottis. After its removal, the sensation as of a foreign body was gone. She had consulted two physicians previously, one of whom had passed a probang down the oesophagus. In her endeavors to account for the feeling, she thought she might have bitten her finger-nails, and the pieces had lodged there.

Case 3.—A female, aged 19, of fair complexion and scrofulous diathesis, was suffering from constitutional eruptions, especially bad upon the scalp. She applied a lead wash prescribed for her, and a few hours after, in the night, awoke with severe dyspnoea and complete aphonia. There was no pain, and the temperature was

but little raised. On inspecting the throat, the pharynx was found covered with an eruption, which continued down upon the larynx, the mucous membrane of which was much thickened, and, in points, raised. The vocal chords were thickened and reddened, as were also the ventricular bands.

Prescribed an atomized solution of *Phytolacca* to be inhaled for a few minutes, several times during night. Relief was soon obtained. The eruption located itself again externally, and became upon the scalp nearly one mass of crust. *Hydrastis cosmaline* externally, with *Iris* internally, caused a rapid and complete cure of this, with no *Metastasis*.

Case 4.—A male, aged 36, of light complexion and nervous temperament; by occupation banker; had formerly been in the habit of running to the cars each morning when going to business, respiring rapidly by mouth from the effort. He had had two attacks of what was called bronchitis, from this cause. When asked to locate the former bronchial trouble, he indicated the larynx. He was sure he had been troubled with the throat for years. There was a frequent cough, with continual efforts at expectoration. The sputa consisted of balls of transparent mucus; although possessing a fine voice, he had been for months unable to sing. He complained of a dull, aching pain present, at night, of impeded respiration, with more frequent cough and hoarseness. Treatment hitherto pursued had given but partial relief. The patient was anxious and depressed. Chronic laryngitis was doubtless the diagnosis, and the acute attacks were acute laryngeal catarrh. The appearance of larynx obtained by the laryngoscope, confirmed the diagnosis, as it revealed the irritated, red, thickened membrane of the organ and its parts entire. *Hydrastis* was prescribed, one teaspoonful of the tinct. to two tablespoonfuls of water for inhalation by atomization, twice daily. This was alternated after a time with *Iris*, used in same manner, but only one-half the quantity of tincture in the same amount of water. Treatment was commenced in May; for several weeks past, there have been no symptoms of the trouble.

Case 5.—A male, aged 25 years; a hard-working farmer, continually out of doors, who respired by the mouth. Every morning for weeks he had removed from the posterior wall of pharynx a dry, scab-like exudation, which formed during the night upon a large point of ulceration. Usually this could be accomplished only by the finger.

The entire throat and nasal passages were dry, thickened, and red. There was cough, with hoarseness in the morning, amounting to partial aphonia; pain and heat alternating at night with chills. His respiration was rough, and at times impeded. On viewing the posterior nares with the mirror, the same character of ulceration and appearances of membrane were seen. The larynx also presented the same. There was a reddened, dry, shining appearance, with points of ulceration. These, at favorable moments, could be seen to extend to the trachea. There was no pain or signs of pulmonary disease. The patient was emaciated, and complained of confusion and pain of head.

Prescribed one-half teaspoonful of *Aconite*^{1x} in two tablespoonfuls of water, to be atomized and inhaled by nose and mouth for five minutes at night; also *Hydrastis*, one teaspoonful to same quantity of water, to be used in the same way in the morning.

The prescription was not changed, but after four weeks there was complete relief.

Cases 6 and 7 resembled each other so closely, they may be reported as one. The patients were confined to the house with phthisis, and only able to swallow liquids by making particular effort, carefully guarding against choking. Food gave trouble from the same cause. On inspecting the pharynx and larynx, there was found an anæmic, lax condition of the lining membrane. The epiglottis was non-sensitive, and upon it, and also on the larynx, points of tuberculous ulceration were seen. The vocal chords were thickened or covered with whitish, tough mucus.

One case presented complete aphonia, the other partial. The pharynx, in each case, was free from

ulceration. Prescribed *Gelseminum*, one-half teaspoonful in two tablespoonfuls of water, to be inhaled after atomization once daily; also once the aforesaid *Hydrastis* preparation. After a few days, one of the patients asked me to see what he could do, at the same time taking a glass of water, and readily drinking nearly all of it without stopping. The other was a more advanced case: there was relief, but not so marked. There was a healing process induced in the ulcers, but others developed, not becoming so large, however. In one case the spots were touched with *Kali Bich.*^{1x} sprinkled on a sponge probang. This was abandoned, however, for the *Hydrastis*.

Case 8.—A female, aged 42, of scrofulous diathesis, and active, nervous temperament; a great talker (mouth seldom shut, day or night); respired wholly by mouth. She had a large goitre. I was called to remove something from her throat, for the doctor previously attending, told her he could see the end of a tape-worm in the throat, and with forceps had made attempts to catch it. Once he succeeded in laying hold of it, and made traction, when the patient made such demonstrations that he let go. Now they wanted to know what it was. She had a constant cough and effort to clear the throat. There was no pain, but a thick, indistinct way of speaking, and a persistent desire to swallow. Respiration was impeded worse when lying down. She had suffered from diphtheria severely some months previous, the scars of which were the only unnatural appearance in the pharynx. The mirror showed the epiglottis to be pale, and much hypertrophied. This was what had claimed the attention of her doctor. The pulling he gave it had caused, perhaps, a slight retraction. The size and loss of sensibility of the part were sufficient to give rise to all the symptoms. The treatment consisted of the inhalation of an atomized alcoholic solution of *Iodine*, prepared quite weak. Improvement was soon seen, and continued until cure was effected. It was noticed afterwards that the goitre was materially reduced in size.

It seems to me, in some of the cases above mentioned, the diagnosis could not have been made without such aid as is obtained from the laryngoscope, and in all, it confirmed, giving a true picture. In case of the removal of foreign bodies, or growths, it seems to me indispensable. There can be no objections to its everyday use. It is not repugnant to an adult patient, and in the examination of children, their rebellion, expressed by crying, is an advantage to us. If artificial light is used, a common kerosene lamp may answer the purpose, or a movable gas-flame. Sunlight, when circumstances favor, gives a powerful illumination, but cannot, of course, be had at all times. A clear, diffused light is excellent; as it does not exaggerate like a more powerful light, one can scarcely conceive of circumstances in which we should fail to obtain suitable means for the attainment of our aim. The prognosis, after an examination, may be quite the reverse of that given without it. Thus we may be able not only to relieve ourselves of much anxiety, but give assurances of relief to doubly-anxious friends. The literature of the present day, upon the subject of laryngoscopy, is extensive and exhaustive. Many untiring investigators are still developing and enriching the store. All is within our reach, and we do err if we leave unused a means calculated to give so much aid to us, and relief to our patients.

“IN the opinion of Kunze,” says the *Medical Press and Circular*, “we possess in curare a remedy by means of which we may cure cases of epilepsy of long standing. He employs a solution of seven grains of the drug in seventy-five minims of water, to which he adds two drops of hydrochloric acid. At intervals of about one week he injects hypodermically eight drops of this solution, and in cases in which convulsions had occurred for several years he obtained a complete cure after eight or ten injections.” — *Boston Med. and Surg.*

PATHOGENESIS OF DRUGS.

BY L. A. PHILLIPS, M.D.

INASMUCH as we make the pathogenesis of drugs our principal guide in their therapeutic application, it certainly seems desirable that the meaning and legitimate application of the term be clearly defined. From its derivation, it evidently means the *disease-producing* power of the drug, and can be properly applied *only* to such pathological conditions and their symptomatic manifestations, and to such functional disturbances as the given medicinal substance will positively produce. That drugs are constant in their action, *i.e.*, that the same effect will be produced at all times and upon all persons, is the hypothesis upon which their therapeutic use is based; and were this not true, the effects produced in one case would be no reliable guide to its use in any other. Any variation, therefore, must be in *degree*, not in *kind*. Hence, in the provings through which we are seeking to learn the effects of a given medicinal substance, only such symptoms and conditions as are uniformly or very generally produced, should enter into the pathogenesis of the drug. We cannot credit to the drug every sensation which the individual prover may experience while taking it, for the obvious reason that the prover is rarely, if ever, *perfectly* healthy and free from disagreeable sensations, independent of any drug disturbances; and because, while on the alert for symptoms, numerous sensations and phenomena, which at other times pass unnoticed, are observed and reported as effects of the drug. The experiment of a Professor of *Mat. Med.*, will serve as an illustration. Unknown substances were given to various members of his class from time to time for proving. At one time he gave them *Sac. lac.* Pains, aches, and sensations of *various* kinds and degrees were reported, and were supposed by them to be the effects of the *drug*. Now, should we take the aggregate of these symptoms and call

it the pathogenesis of milk-sugar? No reasonable person believes that *any* of the symptoms reported were due to the few grains of *Sac. lac.* taken into the mouth. Yet if some really medicinal substance had been used, these symptoms might have been reported with such others as would have resulted from the drug action, and all credited to the drug. In this very way our *Mat. Med.* has been made a perfect wilderness of symptoms—a conglomeration of fact and fancy. It would seem that all rational men must agree that only such effects as are experienced by all, or at least the majority of provers, can be properly termed pathogenetic, or be relied upon as Homœopathic indications for their administration. There are those, however, and among others men assuming to possess superior knowledge and ability, who insist that these incidental, insignificant symptoms are pathogenetic, and upon them base prescriptions which they claim to be Homœopathic.

In a recent number of the *Medical Investigator*, I ventured to criticise a class of prescriptions which have been advised through that journal, for the numerous “cases for counsel” previously described in the same publication, because of the very general absence of *similarity* between the symptoms of the cases as described, and the pathogenesis of the drug prescribed. As an example I referred to one of the many which Dr. Pearson, of Washington, had offered in the preceding number. In a discourteous and ungentlemanly reply, he makes a personal attack, charging me with ignorance, etc., and offering as reasons for the prescription in question three symptoms, none of which the drug (*Aconite*) produces (though they were reported by one or two out of the very many provers of that poison), and one lone symptom which that drug is capable of producing, but in the given case, the conditions and concomitants which would render it characteristic of *Aconite*, were entirely wanting. I claim that symptoms observed by one or two, and not experienced by fifteen or twenty others, are proved to be not the effect of the drug, but merely incidental or accidental, and there-

fore not pathogenetic. I have no desire to engage in any personal controversy, but when real genuine Homœopathy is so outraged, and by those, too, pretending to be its friends, I do desire to speak and act in defence of the truth, and hence I protest against such practice as that to which I have referred, under the name of Homœopathy, and against permitting the ignominious failures resulting therefrom, to be charged against our method. To the same end, I would urge a careful discrimination between actual drug effects, and the conditions and symptoms due to abnormal physical or mental state of one or two individual provers.

I would also ask the readers of the *Investigator* to compare the "Answers to Consultation Cases" by Dr. Pearson and some others, with the cases as described, by which I am confident my charge, that they have generally little or no claim to being Homœopathic, will be justified, and they will doubtless observe that the failure which might naturally be expected results, for I have looked in vain for a report of cure by *any* of the prescriptions to which I have referred.

As to his personal charges, I feel rather complimented than otherwise by them, as they are the same that have been hurled at *all* who have dared to criticise, or differ with, the self-constituted authorities, from the time of Hahnemann to the present.

I make no claim to such wisdom as the Washington gentleman assumes to possess, and it occurs to me that Josh Billings may have made the Doctor's acquaintance, and had him in mind when he said, "*It is better not to know so much, than to know so much that ain't so.*"

STENOTIC STERILITY.

*Presented to the Massachusetts Surgical and Gynæcological Society,
Sept. 4, 1878.*

BY H. K. BENNETT M.D., FITCHBURG, MASS.

STERILITY is a term used to designate an incapacity for procreation.

Stenotic sterility signifies a narrowing of the cervical canal sufficient to prevent the semen of the male entering the cavity of the uterus and coming in contact with the ovum. A knowledge of the causes of sterility implies a knowledge of the laws of conception. What are those laws? Dalton, Carpenter, Kuss, and nearly all physiologists claim that conception usually takes place within the cavity of the uterus, by the spermatozoa of the male coming in contact with a fully developed ripe ovum of the female. Bischoff, Coste, and our indefatigable Guernsey, of Philadelphia, maintain that impregnation always takes place in the ovary. Guernsey's theory is, that the semen of the male, after being deposited in the vagina of the female, enters certain ducts specially arranged for that purpose, and passes up through the walls of the uterus out through the ovarian ligament to the ovary. Anatomists, Physiologists, or Histologists have been unable to discover such channels or ducts by aid of the most powerful microscopes; therefore this theory may, with due deference to Prof. Guernsey, be put down as a mere hypothesis.

That conception may and occasionally does take place in the ovary, I am willing to concede, but as an exception rather than the rule. I can conceive of conception taking place in the ovary only in the following manner, to wit: the spermatozoa enter the cavity of the uterus through the cervical canal, pass up to and through the Fallopian tube to its fimbriated extremity, at or about the time they grasp the ovaries to receive the ripened ova upon the bursting of a graffian follicle.

The spermatozoa then and there come in contact with an ovum, and conception takes place. If the impregnated ovum is not missed by the *morsus diaboli*, but is carried on through the Fallopian tube to the cavity of the uterus, normal pregnancy will occur; but if the impregnated ovum is missed, we shall have a case of extra-uterine pregnancy either ovarian or abdominal.

Tubal pregnancy occurs when the impregnated ovum is arrested on

its passage from the ovary to the cavity of the uterus, or when the spermatozoa meet a ripe ovum in the tube during its transit to the cavity of the uterus, and there become arrested in its further progress. There are many other facts which to my mind go to disprove Prof. Guernsey's theory of conception, one of which is the frequent occurrence of pregnancy in those who have been cured of a stenosis of the uterine cervix who were previously sterile. We therefore perceive that any disease or condition which produces a narrowing or obstruction of the cervical canal sufficient to prevent the spermatozoa from entering the cavity of the uterus, will invariably be followed by results which forms the subject of this paper, viz.: stenotic sterility. One of the most frequent causes of stenosis of the cervical canal is flexion of the uterus either forwards or backwards. The seat of the flexion is usually at the internal os forming an acute angle. The diagnosis of uterine flexions is easily made out by the use of the uterine sound and combined vaginal and abdominal palpation. The treatment consists in restoring the uterus to its normal position and maintaining it there by a properly-selected, perfect-fitting pessary. My experience thus far has led me to favor Hodges' or Smith's hard rubber closed lever pessaries. When a proper pessary is applied the fundus of the uterus is raised, the cervical canal straightened, an obstruction to the free circulation of the blood is removed, absorption of the hyperplasia consequent on the interrupted circulation takes place, the uterus, reduced to its normal size, occupies its natural position, the cervical canal becomes easily pervious to a sound not less than one-fifth of an inch in diameter, pre-existing dysmenorrhœa is removed, and pregnancy soon follows. Barnes, Thomas, Peaslee, and many others record scores of cases cured by this method. Women who have been barren ten, twenty, and even thirty years on account of a flexed uterus have conceived and borne children after its restitution. There may exceptionally occur cases of uterine flexions when recourse to the knife becomes necessary, in which case I would commend the plan of treatment adopted by T. A. Emmett, M.D., of New York, which consists in dividing the posterior lip of the cervix in the median line.

A full description of Dr. Emmett's plan can be found in Vol. I. of the Transactions of the American Gynæcological Society. In old inveterate cases of flexions where adhesions have taken place, they may be dismissed as incurable. Another frequent cause of stenotic sterility is areolar hyperplasia of the neck of the uterus, but as Prof. Hale, of Chicago, has so ably, graphically, and lucidly presented the same to us in a paper, a printed copy of which is in the possession of

each member of this society, and will also appear in his coming work on sterility, I will simply give my experience in *treating* this abnormality with signal success by using tampons of cotton and glycerine followed by vaginal douches of water at a temperature of 100 to 110° Fahrenheit, as recommended by him. I instruct my patients to introduce these tampons themselves from three to seven times a week during the intermenstrual periods, and allow them to remain from twelve to sixteen hours. Mrs. R—— suffered from cervical hyperplasia to such an extent as to produce such a narrowing of the cervical canal as to preclude the introduction of my smallest uterine sound; three months of such treatment removed the hyperplasia and stenosis, and conception took place during the treatment. This occurred about two years ago, and she remains well at present writing.

I could relate many similar cases from my own practice and those of my confreres, when this treatment has been followed by almost invariable success. We now come to the consideration of stenosis of the cervical canal in its literal sense. It is a noticeable fact among gynecologists that women whose cervical canal is so narrow as to cause sterility, are and have been victims to dysmenorrhœa, and the treatment that will cure the dysmenorrhœa permanently will usually remove the barrier to conception. In stenosis of the cervical canal we find it impervious to a sound one-fifth of an inch in diameter, and even less, and often to a probe no larger than a filiform bougie. Peaslee says if the two ora uteri will admit a sound one-fifth of an inch in diameter that it is ample for conception to take place; it is understood, of course, that no narrowing exists between the two ora.

The study of the etiology of cervical stenosis would require more time than the limits of this paper will allow. I will mention only the following as being the most common causes: The stenosis may be congenital; endocervicitis causing contraction, or fibrous bands causing adhesions of opposite walls, also cicatrices resulting from inflammation and ulceration.

Cicatrices resulting from caustic applications to os and cervix is also a frequent cause of stenosis.

The treatment of cervical stenosis consists in restoring the canal to a caliber sufficient to allow the introduction of a sound at least one-fifth of an inch in diameter.

How can this best be done and remain permanent? Many plans, devices, and operations are recommended. Dilatation by means of sponge and laminaria tents have been highly indorsed by many of

our best gynecologists, but there are two potent reasons why I cannot recommend their use. First. The dilatation of the canal does not remain permanently enlarged, but in a few days contracts to its old diameter. Second. Their use is not free from danger. Barnes, Marion Sims, and Aitken, report cases of septicæmia, pelvic-cellulitis, peritonitis and retro-uterine hæmatocele, as having occurred from their use. Thompson, in the Columbia Hospital Report for 1873, mentions two or three cases that terminated fatally from the use of the sponge tent. In my own experience I have no fatal results to record, but in one case where I used a laminaria tent parametric inflammation was induced, which required constant attention for two or three weeks before it was conquered. The repeated use of steel sounds of different sizes, or graduated steel bougies, I would recommend as safe, and often effectual. My recommending the use of the sound may appear paradoxical, nevertheless I have used it with perfect success, as the following case will illustrate :

Mrs. S——, widow, aged 35, never been pregnant, always suffers from dysmenorrhœa, so severe at times as to produce spasms. By the repeated use of the uterine sound, and frequent applications of tampons of cotton and glycerine, I succeeded in restoring the cervical canal to a normal size, which before treatment was less than $\frac{11}{16}$ of an inch in diameter; the dysmenorrhœa was radically cured, and I have every reason to believe that conception would now take place should she become exposed. Dr. Byford, of Chicago, recommends for uterine flexures and cervical stenosis, tents made of slippery elm; he first introduces a small one, then after a few minutes another by its side, and so on until the desired dilatation is obtained; one half hour is usually sufficient time to produce the desired result. Dr. Elwood Wilson, of Philadelphia, treats stenosis of the uterine cervix by means of an instrument devised by him. It consists in rapidly dilating the canal with this instrument. A description of his method with a wood-cut showing the instrument may be seen in Vol. II. of the Transactions of the American Gynecological Society. He there reports eleven cases successfully treated; he claims that it is free from all danger, always effectual, the effect permanent, and that one sitting with a full dilatation is usually sufficient; rarely one may have to repeat the operation twice, or at the most three times.

Our lamented Prof. Peaslee, late of New York, recommends in all cases incision by a metrotome devised by him, to be followed by dilation by means of a conical steel bougie or dilator, as he calls it. A full description of his method of treatment with a wood-cut illustrat-

ing the instrument can be found in the August number for 1876 of the American Journal of Obstetrics.

There are many other methods of treatment recommended by as many different authors, but I feel confident that all cases that are amenable to any form of treatment will yield to one or the other methods I have mentioned. When first called to treat this affection I would recommend first a trial with the sound or the slippery elm tents recommended by Dr. Byford, and if unsuccessful, resort to Peaslee's or Wilson's operation. Before concluding this paper I wish to call the attention of the members of this society to one important fact, and that is that a large majority of the causes of dysmenorrhœa are obstructive, and but very few of them are amenable to medical treatment. The obstruction is usually a flexure, or a contracted external os uteri. By allowing this state of things to continue the basis of many uterine diseases is laid, the patient doomed to a life of continuous suffering, and after marriage sterility is almost sure to follow. Now it becomes us, as scientists and gynecologists, to take cognizance of these facts, and rescue a large portion of our female population from a life of misery and disappointment. When called upon to take professional charge of ladies suffering from painful menstruation which does not soon yield to medical treatment, we should, by an examination, ascertain if it be obstructive, and if so, immediately resort to surgical means and remove it. I can call to mind many an intelligent lady who has suffered indescribable agony during menstruation ever since the first appearance of their catamenia. The following case fully illustrates this as a representative of this class of martyrs: Mrs. K——, an intelligent, highly educated lady, now over fifty years of age, has suffered from dysmenorrhœa from the age of pubescence to the climacteric period, which occurred when she was about forty-five years old. Her menses came on about every three weeks, and continued nearly two weeks; the pain was excruciating, and obliged her to keep her bed most of the time during these attacks. She was married in early life, but never became pregnant.

. She was treated by first one then another in a routine way, with only temporary relief, while under the influence of an anodyne or narcotic; no examination or local treatment was ever instituted until quite recently, and then by myself, and she was thus allowed to suffer for over thirty years without receiving one iota of rational treatment. A few months ago I was consulted by this lady to relieve her from severe pain in pelvic region, and upon making an examination *per vaginam*, and by the uterine sound, I discovered the real cause of all

her suffering, and accounted for her sterility, which was a narrowing of the cervical canal so as to prevent the introduction of my smallest uterine probe into the cavity of the uterus.

It was my desire to resort to operative measures, but she soon moved out of town and passed away from my observation. Here was a case where a simple, slightly painful, and almost bloodless operation would have cured the dysmenorrhœa permanently, and she probably would have experienced the joy of becoming a mother. This case is but one of scores in every community, and affords a rich opportunity for gynecologists to show their usefulness. Let us lift up our eyes and look on the fields, for they are white already to harvest.

THE standard medical work in China is entitled "The Golden Mirror," and comprises about forty volumes. Turning to this treatise for information concerning the structure and position of the internal organs, the student of medicine discovers that the lungs are six in number, and are suspended from the spine, four on one side and two on the other. It is from orifices in the lungs that the human voice is supposed to emanate, while the breath, as well as one's emotions of joy and sorrow, originates in the pit of the stomach. The liver, so writes the ancient Chinese Esculapius, is the residence of the human soul, all a person's plans and projects being there devised and thought out. The brain seems to be considered of no account whatever in connection with any intellectual processes. Of the circulation of the blood the native practitioner knows comparatively nothing, although in every ailment, however trifling, the pulse is very carefully examined, the wise doctor putting on a most oracular expression of countenance while engaged in its examination. The state of the pulse is considered of so much special importance because the five points at which it may be felt are supposed to be connected with the five planets, the five elements, and the five colors. It may be here remarked that "the five planets" include Mercury, Venus, and three others next to the earth. The elements are water, metal, fire, wood and earth, and the colors are white, black, green, yellow, and red. All Chinese, from the highest to the lowest, believe in astrology, and when taken ill consult the almanac at once to discover what would be the most auspicious day on which to send for a doctor. The delay caused by waiting for an "auspicious day" must often prove most advantageous to the patient, giving nature time to effect a cure before the physician puts in an appearance and doses the poor victim to death with his vile mixtures.

CLINICAL LECTURES.

BY D. DYCE BROWN, M.A., M.D.

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II.—On Ménière's Disease, or Auditory Nerve Vertigo.

[From the *Monthly Homœopathic Review*.]

GENTLEMEN, — In my last lecture (see *Monthly Homœopathic Review* for September), I described to you a case illustrating the nature and symptoms of this interesting, and, till quite recently, little understood disease, and the Homœopathic treatment of it, so far as the use of one medicine, *Salicylate of Soda*, was concerned.

I pointed out the remarkably similar relation existing between the disease and this remedy, as shown by the provings, while the excellent result obtained from the treatment, afforded an illustration of the doctrine on which our practice is based, namely, that close similarity in symptoms between a disease and a medicine is the best and surest guide for the treatment of the disease.

I had not time, however, to follow up the subject, and I therefore return to it to-day for further clinical study.

CASE II.*—M. A. F., aged 62, single, a monthly nurse, was admitted into the London Homœopathic Hospital, on the 18th October, 1877, complaining of headache, vertigo, and attacks of sickness.

She has been subject to her present complaint for four years, but the attacks of sickness have only been frequent since August. She is never free from pains in the head, but there are severe aggravations every few days. She describes the pain as if some one clutched the back of her head, and the parietal region; it also goes down the back of the neck. The pain is most when she awakes in the morning, and till mid-day, and is generally better in the evening. The vertigo is very distressing, and it comes on very frequently. When she keeps quiet, she is not much troubled with it, but as soon as she gets up, things in the room appear as if coming towards her to fall on the top of her, while she feels as if she would fall forward, and frequently has done so, when she has not laid hold of something to prevent it. The vertigo, as well as the headache, is worse in the morning on getting up. She also complains of constant noises in the head, of a

* Reported by Dr. Clark, Resident Medical Officer.

buzzing, whizzing, almost whistling character. These noises are always worse when a serious attack of headache, vertigo, and sickness is impending. The attacks of sickness distress her the most; they come every few days, along with the severe headaches and vertigo, and do not occur without them. She says she will sometimes go on retching for hours, bringing up only frothy mucus.

After an attack she has a pain under left breast, "as if the heart would stop." She had rheumatic fever when a child, and there is a soft systolic bruit at the apex of the heart, audible, slightly, also at base. Her tongue is clean, the bowels regular, the appetite is good, and there is no cough; pulse, 88; temperature, normal; sleeps badly at night. Her sight is fair; hearing is very defective; she can only hear the watch twelve inches from the ear on the left side, and five inches from it on the right side; perosseous hearing is absent on both sides.

This case, gentlemen, you will observe is a very characteristic one, resembling CASE I. in most of the essential points, but differing from it, in both ears being affected with perosseous deafness, the result of this being that the patient falls forward, instead of to one side, while objects seem to be coming the opposite way, that is, towards her, and as if on the top of her.

It also differs from CASE I. in the persistent presence of headache, which is aggravated every few days into severe attacks, while the sickness is more severe. You will also notice that there is not the slightest evidence of gastric disorder, the sickness only occurring in conjunction with the bad headache and vertigo.

I prescribed this patient *Salicylate of Soda*, 3^x, gttj, every four hours.

Oct. 16. — Is feeling better in her main symptoms, but an attack of watery diarrhœa came on during the night, for which she was ordered, by Dr. Clark, *Arsen.* 3^x.

Here let me say, *en passant*, that for watery diarrhœa, *Arsenicum* is one of the most valuable remedies we possess. The simple fact of its being watery is sufficient, even in the absence of other arsenical indications.

Oct. 17. — The diarrhœa is well. To return to the *Salicylate of Soda*.

Oct. 19. — Says her head is better, and noises are not so loud.

Oct. 20. — Has had no giddiness. Headache is not so bad, nor so oppressive, and the noises are not so loud, and are "softer." She can hear the watch to-day, faintly, over both temples.

Oct. 22. — On the night of the 20th (after last report), she had an attack of vertigo, with vomiting.

Oct. 26. — She had another attack yesterday.

Now, although there was marked improvement in the headache, the tinnitus, and the perosseous hearing, and also in there having been no attack of vertigo, bad headache, and vomiting, from the day she came in (13th) till the 20th, yet, as there had been two attacks in the next five days, instead of changing the medicine, I altered the dilution, and prescribed *Salicylate of Soda* 1^x gttj, every four hours. It is an important maxim in Homœopathic practice, and one that is apt often to be overlooked by a beginner, that when a medicine is well-indicated, but when the dose prescribed either does not produce the desired effect, or when it causes improvement so far, and then seems to lose its power, it should not be abandoned, but a different dilution, either higher or lower, should be given. In this case I resolved to lower the dilution to 1^x, making a jump from the 1-1000th of a grain, to the 1-10th, and the result, as you will see, justified my doing so.

Oct. 31. — Headache is much better. Noises are less. She can hear people talking to her better; there has been no vertigo or sickness, and she is sleeping better.

Nov. 1. — Headache is now very slight, and it is gone from the occiput, and only remains on the top of the head. Tinnitus decidedly less. No further giddiness or sickness. Perosseous hearing is distinct in left ear. Right ear the same as before.

Nov. 3. — Has no noises in the left side of the head now, and hears the watch distinctly through the bones of the skull on this side. Right ear same as before. Headache continues slight. No giddiness. Says she feels better than she has done for three months.

Nov. 8. — Noises in right ear are now very slight, and none in left. Feels no headache now, except a little in the morning. She was allowed to go out for a walk yesterday, and again to-day. Yesterday, when out, she felt slightly giddy, but not to-day. She now feels so well that she wishes to go into the country.

She is to go on with the medicine in the 1^x dilution three times a day. Discharged.

This case also shows a very satisfactory result, inasmuch as when she left she felt quite well, was free of giddiness and sickness, had only a slight headache in the morning, and the noises in the head were reduced to a minimum on the right ear, and were gone entirely from the left. The perosseous hearing had returned in the left, and

she slept well. You will also notice the benefit she experienced from the change in the dilution of the medicine, the 1st being by no means an infinitesimal dose, though a very minute one from an Old-School point of view.

During the next six months, I saw her occasionally as an out-patient. She had, in that time, three attacks of diarrhoea, which were cured by *Arsenicum* twice, and *Merc. corr.* once. She now and again had threatenings of a return of her auditory symptoms, and found that she was able to keep well, by taking the *Salicylate* every now and then for a week or so at a time.

I may here record an interesting accidental proving of *Salicylate of Soda*, as bearing not only on the vertigo, but also on the headache, which we have just seen is so much relieved by the medicine.

Elizabeth C——, aged 44, came as an out-patient, complaining of a severe neuralgic pain in the left arm, from the bite of a cat a year before. She had been already, for a long time, under Homœopathic treatment, without benefit. She knew all the medicines she had had, and the others which I ordered, producing no relief, I made a "chance-shot" by trying *Salicylate of Soda* in 1-grain doses, three times a day. After a week she stated that since beginning the new medicine, she had had headaches, which she never had before. The pain is all through the head, and is of a heavy, stupid feeling, making her feel inclined to cry. She also felt dizzy, and as if she would fall forward. Eyesight slightly affected, but hearing not so. She felt the headache always come on after taking the first dose in the morning. Thinking the medicine might be too strong, and finding the headache persist, she was only taking it twice a day. The pain in the arm was no better.

CASE III. — Elizabeth H——, aged 75. Came up as an out-patient on May 15, 1877.

Dr. Clark saw her at her first visit. His entry in the case-book is as follows: —

Complains of headache. She had a fall twelve months ago, and since then has been subject to headache, but it has been much worse for the past week. The pain commences on the top and back of the head, and proceeds down the right sterno-mastoid muscle, which is tender to the touch. She feels that she dare not stir or look at anything while the pain is severe, and that "if it were worse, she must lose her senses."

Dr. Clark prescribed *Aconite* 1, gttj ter die.

May 30. — I saw her to-day, for the first time. I find that the

pain is as Dr. Clark describes it, and is entirely on the right side of the head. It is increased by either pleasure or the reverse. The reason that she speaks of "losing her senses" is that she has vertigo so frequently that she is afraid to move in case she fall. She has several times nearly fallen, and has only saved herself by clutching hold of something. She notes that she always is inclined to fall to the left side, while surrounding objects seem falling to the right. She has sometimes felt as if she was turning round and round. On my putting the question, she says she hears very well. But, on testing this with the watch, she can only hear it faintly when just touching the left ear, while in the right, even this amount of hearing is gone. Perosseous hearing quite absent on the right side, while it is very slight on the left mastoid process. What there is of it is rendered less distinct by closing the meatus; while it is absent on the forehead or malar bones.

Tongue is clean; bowels regular; appetite good.

I prescribed *Arnica* 3, gttj ter die.

Now you may ask why I prescribed *Arnica*, and not the *Salicylate of Soda*.

The main reason was that she dated her sufferings from the fall she had twelve months before. The value of *Arnica*, internally as well as locally, in recent bruises, and for the recent effects of bruises or falls, is well known in Homœopathy, and I need not now dilate on this point; but it is a most interesting fact that *Arnica* given internally only, in small doses, has a marvellous power of removing symptoms of various kinds, as pains, aches, nervous disturbance, etc., which have been of long standing, but which date from an injury or fall. This is a point which may be quite new to you, but it is one well worth remembering. The fact, then, of the symptoms in this case being traceable to a fall a year before, would have been sufficient to induce me to give *Arnica*, at least in the first place. But besides this, if you turn up the pathogenesis of *Arnica*, you will find that symptomatically it is indicated. We find that it produces very marked vertigo, which is slight when sitting quietly, but is so much increased by moving about that the person staggers, and is afraid of falling. With this there is a feeling of confusion and severe headache. The headache is sometimes all through the head, or it may be, in side, or in one temple or frontal eminence, or on the top, going down to the nape of the neck. It is a full, pressive, and stupefying pain, or may be sharp or stitching, especially if confined to one spot. The hearing is sometimes acute, sometimes diminished, with noises,

as roaring, singing, and humming in the ears. Nausea also occurs. Next, the fact of the pain, in this patient's case, going down from the head into the sterno-mastoid muscle of the right side, is important to note. *Arnica* has a marked affinity for muscular tissue, and is useful not only in muscular pains, the result of injury, but also in muscular rheumatism; and while I merely note in passing that in the pathogenesis, muscular pains all over the body are prominent, we find the muscles of the neck specially mentioned. We find "pains in the right side of the neck, where the external carotid emerges from the sterno-mastoid muscle, as if a lymphatic gland were swollen; it is aggravated by suddenly turning the head to the left, by forcible pressure, and by severe throbbing of the arteries of the neck." "Cramp-like tensive pain in the muscles of the neck when sneezing or yawning." "Rough drawing in the muscles of the left side of the neck, with bruised pain." "Pressure in the muscles of the neck, as if the cravat was tied too tight." "Tearing pain in the neck."

You will thus see the double reason I had for prescribing *Arnica* here in preference to the *Salicylate of Soda*.

Jan. 6. — Can now hear the watch an inch off the left ear; and on touching the right ear, both distinctly. Has had no giddiness since last report; and she does not feel the noise of the other patients disagreeable as she did at first. This statement she volunteers. The pain in head and neck is better. She feels better altogether. *Pt. Arnica*.

Jan. 13. — Feeling much better. Has no pain now in the head, and only occasionally in the sterno-mastoid. No giddiness. Hearing much the same as last report. Was able to go out three times last Sunday without any trouble. *Pt. Arnica*.

Jan. 26. — Feels quite well. Entirely free from headache and muscular pain, and also from vertigo. Omit medicine. Discharged.

She was told to return if she had any relapse of the symptoms, but she has not done so.

This result is interesting, as forming an illustration of my remarks on the value of *Arnica*; and also as a lesson on the necessity of individualizing each case, and not prescribing in a routine manner, if you are to attain to success in Homœopathy.

CASE IV.—F. W——, aged 60. Aug. 8, 1877. Complains of giddiness, with sickness. She has observed her present symptoms coming on for five years, but they are worse of late. She feels so giddy at times that she feels she would fall if she did not lay hold of something. Feels inclined to fall more to the right side, especially if

she turns suddenly, while objects seem to fall away to the left. She also complains of noises in the head, as of "pouring rain," worse on lying down. Any excitement makes her more deaf. Tongue clean, appetite poor; pain, after food, in the stomach, and feeling of weight between shoulders, with feeling of flatulence in abdomen. Bowels have been loose for years; stools thin, or watery, and about three times a day. She has much palpitation. She is pasty-looking; and the feet, especially the right, are œdematous. She is aware that she is deaf, and has been so for three years; she can only hear the watch close to the ears, while the perosseous hearing on both sides is quite absent. The heart is weak and irregular — no bruit. There is emphysema in both lungs. Urine free from albumen.

Here, then, gentlemen, is a complicated case. We have first the existence of Ménière's disease, with its vertigo, tinnitus, sympathetic sickness, and the form of deafness characteristic of it. Next we have chronic diarrhœa, with a certain amount of gastric irritation, as shown by the pain after eating. Thirdly, we have heart disease. And lastly, emphysema, with œdema of the feet, not due to albuminuria.

Now, it is a rule in Homœopathy to endeavor to find a medicine which covers, if possible, all the symptoms, or rather the more important ones. Four medicines suggest themselves in this patient's case from which to choose. They are *Salicylate of Soda*, *Arsenic*, *Digitalis*, and *Kalmia*.

Salicylate of Soda would meet the head symptoms, or rather those of the ear, but has no special relation to the other symptoms.

Arsenic would meet the chronic diarrhœa, the pain in the stomach after food, the sickness (which, however, in *Arsenic*, is gastric, and not sympathetic with vertigo and brain disturbance), the weakness of the heart, the œdema, and the emphysema. It also produces vertigo, and noises in the ears, with deafness. But there was not here the marked general debility characteristic of *Arsenic*.

Digitalis produces, as you know, weak and irregular heart with palpitation, and œdema; also marked vertigo, headache, and hissing sound in the ears, with deafness.

Kalmia resembles *Digitalis* very much in many points, having a similar action on the heart, producing palpitation very markedly, slow, feeble, and irregular action. It also produces marked vertigo, with *sympathetic nausea*, deafness, and noises in the ears.

There is here, then, a question of selection. My choice fell on *Salicylate of Soda*, for the following reasons. The auditory nerve

vertigo with its associated symptoms were her chief symptoms at the time, and it was for the relief of these she came to the hospital. They, moreover, were, as far as I could see, quite independent of her other troubles. The diarrhœa had lasted for years, and was no worse than it was habitually, and her system seemed not to be suffering much from it. The heart also was not troubling her, except in the matter of palpitation; and there was no cough, or other symptom, at that time of emphysema.

Had the heart's action been so feeble and irregular as evidently to produce disorder of the circulation through the brain, then I should have given *Digitalis* or *Kalmia*, especially if there had been much headache in consequence.

Had there been a state of extreme debility, produced by the diarrhœa, etc., and correspondingly weak state of the heart, with neuralgic headache, etc., I should have chosen *Arsenic*. But as the case stood, I resolved to give the medicine which most clearly met the urgent symptoms.

We thus, in treating the symptoms, endeavor to take into account *all* of them, and at the same time correct our selection by our pathological knowledge.

I prescribed *Soda Salicylate* 3^x gttj ter die.

August 15. (A week after.) Less noise in the ears. Giddiness is "nothing like so bad," and less pain between the shoulders.

Aug. 22. Giddiness still much less. Noises in the ears are altered now, and are "thumping," but only occasionally. She has pain after food only now *in the morning*.

This effect of the medicine on the digestion was unexpected, except from our knowledge of the action of the drug on the nervous system in general.

Aug. 29. Is now almost quite free of giddiness. The "thumping" noise, she says, only comes now along with palpitation of the heart, which occurs on the least excitement, or on bending down. The sickness had disappeared with the vertigo.

Such being the case,—the *Salicylate* having done its work, and the heart coming into the foreground as the cause of the palpitation, and the consequent thumping noise, I prescribed, in accordance with my former remarks, *Digitalis* gttj ter die.

I may here remark that when *Digitalis* is indicated from the heart symptoms, I have found it act best in the mother tincture in doses of from one to three drops three times a day. She got so much better that she did not return for two months, when she had a bronchitic

attack, rendered severe by the presence of the emphysema, and for which her medicines were *Ipecacuanha* at first, followed by *Arsenicum*.

CASE V.—Mrs. S——, aged 48. Dec. 28, 1877. Keeps a shop with her husband. Is of a full, florid habit. She has for long been troubled with headache, beginning in the morning and lasting all day. Her headache is full and throbbing. It is sometimes all through the head, at other times in the forehead, at other times, again, in the occiput, especially after fatigue. Her eyes ache much; pupils are dilated, and in reading or writing the lines get confused. Flushes very frequently. Complains much of giddiness, and is afraid of falling *forwards*. On going down stairs she has a sensation as if a deep pit was before her, into which she is going to fall. Has constant buzzing in the ears, especially the left one. On laying the head down on the pillow everything seems to go round and round. Tongue is clean and red; appetite poor. No dyspeptic pain, but frequent sinking at epigastrium. Bowels regular, catamenia still regular and natural. Used to have much palpitation, but has not any at present. She is always tired. Spinal tenderness at mid-dorsal region. She sleeps very badly; falls asleep on first going to bed, wakens about 1 or 2 A.M., and often rises altogether at 2 or 3 A.M. This has been so for a very long time. She has a great deal of fatigue and standing in her husband's shop. There is no heart disease. On inquiring about her hearing, she says she hears quite well; but on testing it with the watch, she hears it only one foot from the right ear, and six inches from the left. The perosseous hearing on left side is almost gone; on right side it is defective, but not so bad as left. *Soda Salicylate* 3^x. gttj ter die.

This prescription was a mistake, and badly chosen, but I reserve remarks on this till further on.

Jan. 4, 1878. Feels generally better, but the headache, vertigo, and sleeplessness no better.

Although, then, the improvement was not what I expected, yet as there was improvement so far, I ordered the *Soda Salicylate* in three drop doses, three times a day, and one drop of *Belladonna* 3, at night.

Jan. 10. No better. Complains greatly of the headache and giddiness. She says it is most wearying, and she can hardly get through the day with it. It is constant, day and night, though worse in the afternoon and evening. It is throbbing in the temples and vertex. The face is much flushed, and she has a constant full, hot feeling in the head, so that she cannot bear to be in a hot room.

The eyes ache much ; the pupils are dilated. The giddiness is very bad, and the feeling as if she would fall into a pit. Constant buzzing in ears, and no improvement in sleep.

I now ordered her what I ought to have done at first, *Belladonna*. But as a drop of No. 3, at bed-time, had no effect, I prescribed gttij of *Belladonna*, in a full tumblerful of water, a dessert spoonful every two hours.

Now, gentlemen, why was the prescription at first of *Salicylate of Soda* a mistake? Because it did not cover the totality of symptoms ; it met only part of the case, and not the whole array of *connected* symptoms. In justice to myself, however, I may state that I did not make the choice from routine, but as *Salicylate of Soda* had, in my experience of it, relieved so many general nervous symptoms along with the special auditory ones, and as we have so little practical knowledge of its full power as a *Homœopathic* remedy, I wished to test its capabilities. The result — improvement to a certain degree — showed the limits of its power, and again pointed out the necessity of “covering” the totality of symptoms.

Belladonna was, on the other hand, strongly indicated. We have the full florid habit of the patient, the feeling of fulness of blood in the head, the full throbbing headache in the temples, and all through the head, worse in the afternoon and evening, the aching eyes, the dilated pupils, the indistinctness of vision on reading or writing, the flushed face, and frequent flushings, the giddiness, the noises in the ears, the deafness, the spinal tenderness, the red tongue, the general tiredness, and the sleeplessness. As to the sleeplessness, her form of it was not, however, the *Belladonna* sleeplessness. The latter is sleeplessness on first going to bed, with, at the same time, sleepy feeling, and desire for sleep, while that from which our patient suffered, viz., sleeping on first going to bed, and waking very early in the morning and lying awake for hours, corresponds to *Nux Vomica*; still *Belladonna* corresponded with the case as a whole more than any other medicine. Probably if I had given *Belladonna* 3, at first, three times a day, this would have done the work, but as a week's use of one dose at bed-time had failed to produce any effect, I resolved to give it, in fractional doses, equal to about the 1st.

Jan. 12th. Is feeling very much better in every way.

This is after only two days' use of the *Belladonna*; I therefore now ordered it to be taken only three times a day.

Jan. 16th. The headache, the giddiness, and the tinnitus are quite gone, and also the sensation of falling into the chasm. She has had

none of them for last three days. Spinal tenderness has also disappeared; the flushed appearance of the face has also gone, and she has also lost the feeling of flushing and fulness. She hears much better. The perosseous hearing on the left side is much as before, but that on the right side is distinctly better. She still sleeps badly. She says now that when she wakes in the early morning, she has got into a very restless state; she cannot lie still, but gets up, and lies down again, and gets up again after a short doze.

I therefore stopped the *Belladonna*, as it had done its work; and as this condition corresponded more to *Ignatia* than *Nux Vomica*, I prescribed *Ignatia* 3 gttj to be taken twice a day, and on waking in the early morning.

This removed the restlessness, but did not bring about sleep. I then gave *Gelsemium* at bed-time. This acted so well that at the end of a week she slept soundly till her usual time for rising, and was, after that, able to do so without any medicine.

The result, then, of the choice of the medicines in accordance with the symptomatic indications amply justified this method.

The more cases I can give you, the more conclusive is the evidence of the power of the medicines. At the risk, then, of being a little tedious, I shall shortly give you two other cases which occurred in my private practice.

CASE VI.—A barrister, aged 36, had for two years or more been subject to attacks of giddiness, which came on suddenly, from no apparent cause. There was not the smallest evidence of gastric derangement, or “biliousness,” the vertigo would come on from the least excitement or fatigue, and would often seize him when pleading in court. He then felt confused, and could with difficulty control his ideas. His head felt as if too full of blood, and every now and then it would be followed or associated with extremely severe attacks of headache, which in its turn produced vomiting. He had also tinnitus. He found difficulty, when giddy, in walking straight, was afraid of coming against the passers-by in the street, and in his own house would stumble on a footstool, or knock against a chair, or put a glass *over the edge* of the table when he meant to put it *on* it. He slept well, but was always tired. His heart’s action was weak. He laughed at my asking him about his hearing, maintained that he heard perfectly, and was only convinced when I pointed out his deafness by the watch. The tympanic hearing was defective, and the perosseous hearing on both sides quite absent.

The use of *Salicylate of Soda* 3^{ss}. gttj ter die, completely relieved

him of his headaches, giddiness, confusion, and tinnitus, and, in fact, he felt quite well after a month.

The last case I shall trouble you with was one I prescribed for without at first seeing the patient.

CASE VII.—He was an old gentleman of eighty years of age.

His daughter, who was a patient of mine, said she was afraid to leave him, on account of the very frequent attacks of giddiness and vomiting which he had. He was under allopathic treatment, and was inclined to laugh at Homœopathy. His medical adviser did nothing but administer purgatives, and told the daughter that if he missed a daily evacuation, he would not answer for the consequences. She asked me if nothing could be done, and thought, if I would prescribe something, she would persuade him to take it. I gathered from her description that this was a case of Ménière's disease, and prescribed *Salicylate of Soda*, 3ʳ. gttj ter die. He took this for three weeks tolerably regularly, and from the time he began it, he was free of both giddiness and sickness. The result changed his opinion of Homœopathy, and he became a patient of mine. I found, as I expected, entire absence of perosseous hearing, while the tympanic hearing also was very defective. I stopped the *Salicylate*, and gave him treatment for the constipation, which was quickly relieved. He remains perfectly well.

We have seen, gentlemen, the similarity of the symptoms of the various medicines I have spoken of to various phases of Ménière's disease, and the cure of such well-marked cases as those I have related, decisively show that the effect is à *propter*, and not a mere *post hoc*.

In conclusion, then, let me sum up shortly the characteristic indications of the various medicines likely to be of use in various phases of the disease we have been considering.

THE NEW ENGLAND MEDICAL GAZETTE.

BOSTON, DECEMBER, 1878.

CORRESPONDENCE.

THE YELLOW FEVER COMMISSION.

47 N. VERN ST., NASHVILLE, TENN.,
December 16, 1878.

MY DEAR DOCTOR, — Excuse my writing with pencil; I am a couple of days in my room from a severe cold taken at Memphis, riding in an open carriage through the yellow-fever haunts.

I have been too busy to write you before. We had copies of *New Orleans Times* sent you, showing our progress from day to day. Upon our arrival in New Orleans we organized for work in St. Charles Hotel. We issued a polite invitation to any Homœopathic practitioner in the city and vicinity, of whom we could hear, to attend a meeting, at which we would explain the objects of our visit and purposes of the commission. The attendance was quite general, including the officers of the New Orleans Homœopathic Relief Association.

I was assigned to the chairmanship of the meeting, and explained everything fully and kindly, saying we wished every one to aid us, that we should deal fairly and impartially with all reports coming into our hands.

The reports from Holcombe, Robert Bayley, Murphy, Richard Angell, and others, make a fine showing for Homœopathy in New Orleans.

The Records of the Board of Health were put at our service, and from them we get *the number treated and number lost* by certain *malcontents*. So they have to furnish us testimony, *nolens volens*. Well, the conduct of Belden, Baily & Co. led us to make some inquiries, and, as a result, we are prepared to say that the "Homœopathic Relief Association" was not a necessity, and that its management has not been above suspicion.

The papers sent you show much else of our doings in New Orleans. Before leaving we shaped our report for Congress, putting up the frame-work, to be filled out when all reports come in. Dr. Holcombe, assisted by Dr. Robert Bayley, whom we made Assistant Secretary to the commission, will send us a printed proof of the report, which we will read and return, before the final issue.

I may say, in regard to our work, that it will mark an epoch of great importance in the history of Medicine. Nothing ever made public has done Homœopathy the good that our report will do, when issued by Congress.

The Old School has abandoned the field of *Therapeutics* in yellow fever; they claim nothing hopeful in that direction, and look only to *quarantines* for safety. How different on our side, — we find a disease generally less fatal than pneumonia, or scarlet fever, or dysentery, — one manageable under the law *similia*.

Well, we broke up into sections, after being together a week in New Orleans, and Breyfogle Price and myself went up to Vicksburg. There we found the *Banner City* for Homœopathy in yellow fever. Dr. T. J. Harper, seventy-seven years old, and Dr. A. O. Hardenstein (an old friend of your father's), seventy-three, had stood their ground and worked through the epidemic, coming out covered with glory. With the aid of two young men, sons of old Dr. Hardenstein, and Mrs. Pease, wife of the post-master, and Mr. Pegram, a retired merchant, and Mr. Hazinger, a worthy layman, treated over twelve hundred cases, with a loss of less than *seven per cent*. Here I speak in general terms and round numbers. Our report will show exact figures, capable of full verification. No one in Vicksburg will or can deny the correctness of the returns, as they give names, dates, and residences, with great minuteness.

At Jackson, Miss., we found Dr. Hough worn down and in poor health, having had the fever himself, in the midst of the epidemic. He is able to make a favorable showing for Homœopathy, however.

At Granada, where nothing stood before the pestilence, where nearly the whole population, not gone to places of refuge, was swept to the grave in a short time, we had no Homœopathic physician. With mournful interest we looked over the place, lying under nature's great disinfectant, the hoar-frost of the early morning, and passed on to Memphis. There we were joined by our fellow-commissioner, Dr. Morse, who soon had us comfortably fixed in the fine Peabody Hotel.

Dr. Quinby took us around, pointing out the place where the first

case of yellow fever occurred, and showing us how, thence, it radiated into all parts of the city and out into the country beyond.

We visited the Board of Health, examined its records, talked with Dr. Mitchell, President of the Howard Association (a brave and noble physician of the Old School), had a meeting of our physicians at our rooms, gathered up their statements and reports, and did what we could to encourage them and stimulate them to keep careful records in all such epidemics.

We were sorry to find that Dr. Morse was an early subject of the fever, and that Dr. Buddeke was prostrated by over-work and loss of sleep, so that both had to leave the field to recuperate. Dr. Quinby alone remained to battle against the plague with Homœopathic weapons. He did a good work, however, and is ready for future engagements.]

I must here mention that our Old-School brethren, much to their credit as well as success, adopted our *Aconite*, in many instances, and also our *Arsenicum* and *Argentum nitricum*. The old-fashioned heavy dosing was quite generally abandoned.

In conclusion, I must say that the reports coming from Savannah, Charleston, Mobile, New Orleans, Galveston, Vicksburg, Natchez, Jackson, Memphis, and Chattanooga, placed *Aconite* at the head of the list of remedies in the first stage of yellow fever, and *Arsenicum* at the head of the second stage. There was a most remarkable unanimity regarding treatment, showing the influence of *a law of nature as a therapeutic guide*.

I must here say that the thanks of the profession and of the Homœopathic school, throughout the world, will be due to you, as the President of the American Institute of Homœopathy, for having organized a commission to go, upon the very heels of the great epidemic, to gather reliable data regarding its treatment. We have taken no man's simple "say so," but have gone behind his reports, upon the field and among the people, challenging and verifying every statement. What we submit in our final report, will stand and bear strong witness for Homœopathy in all coming time.

It has been my fortune to occupy the highest places assigned to members in our school, in this country, but I declare to you that I feel more pride in having been a member of the Yellow-Fever Commission appointed by you, and in having taken a humble part in its labors, than in any of the high positions accorded to me in times past.

Hoping to have the full text of our report for Congress before you soon,

Fraternally and truly yours, J. P. DAKE.

TO CONRAD WESSELHOEFT, M.D.,

President of the American Institute of Homœopathy.

BOOKS AND PAMPHLETS.

WALSH'S CALL-BOOK AND TABLET. By RALPH WALSH, M.D., Washington, D.C.

To the physician who has formerly carried a "Visiting-List" nearly as thick and heavy as his medicine case, this well-proportioned friend will recommend itself at once. The week's work can be entered on one page, and by this arrangement much labor is saved in charging calls, and in the disagreeable drudgery of posting.

A blank page for memoranda and remarks, accompanies each page for calls. Dr. Walsh seems to have given us the very thing so long sought for.

MANUAL OF THERAPEUTICS. By DR. RICHARD HUGHES. London: Leath and Ross. 1878. Second edition, mainly re-written.

AN ESSAY ON MENSTRUATION AND OVULATION. By O. S. SANDERS, M.D.

CHLORAL ANTIDOTES STRYCHNIA. — On reading an article in your journal of Feb. 15, 1878, under "*Coffee as an Antidote to Strychnia*," this heading calls to mind my experience with my boy's little dog about three years ago. I was called from my office to kill her, as the family concluded her back must have been broken, for she could only drag her hind parts. Upon my arrival, she was unable to move, but was panting very rapidly and frothing at the mouth. She was twitching in every muscle, and soon after had spasms. Having previously seen *Chloral hydrate* recommended for strychnia poisoning, I immediately gave her about xxx grs. dissolved in water. Five or ten minutes later, the jerking not subsiding, I gave about xx grs. more. In a few moments, all muscular contractions had ceased, and she was sleeping soundly. Twelve hours after, she was as lively and playful as ever before. During the following two weeks, she had three similar attacks. One large dose of *Chloral hydrate* cured her promptly each time. Through the whole of this trying ordeal, she suckled a litter of small pups, not one of which showed any sign of physical disturbance. Nor did she ever after exhibit any symptoms of former *strychnia* poisoning. In administering the remedy, my aim was to push it to the extent of allaying all nervous irritability, and when that was accomplished I believe the poison to have been completely antidoted. W. H. BUCK.
—*Medical Investigator*.

SOCIETIES AND INSTITUTIONS.

HOMŒOPATHIC CONGRESS IN LEICESTER, ENGLAND.

From the Midland Free Press.

THE fifty-first annual congress of Homœopathic practitioners was held on Thursday, in the Bell Hotel, Leicester, under the presidency of Dr. Gibbs Blake, Birmingham. There was a large attendance, amongst those present being—Doctors Emerson, Conner, George Clifton (Leicester), Bays, Dudgeon, Drury, R. R. Cooper, M. Roth, A. C. Pope, G. Blockley, D. Mattheson, D. D. Brown, H. Harris, R. Hughes, Buck, Engall (London), Burwood (Ealing), M. Wyborn (Bromley), Gould (Eastbourne), Moir, Rayner, Perkins (Manchester), H. Nankiville (Bournemouth), J. G. Blake, Thomas, Huxley, Madden Craig (Birmingham), Blake (Wolverhampton), Craig (Bedford), Bradshaw (Nottingham), Potts (Sunderland), Prowse (Cambridge), W. Roche (Ipswich), Ayerst (Torquay), Spencer T. Hall (Burnley), E. Williams (Clifton), Hawkes, Haywood, Moore (Liverpool), M. Moore (Taunton), J. C. Burnett (Birkenhead), A. C. Clifton (Northampton), C. A. Clifton (Market Harborough), Vilas (Chicago, U.S.A.), Moberly (Leamington), Wolston (Edinburgh), Messrs. F. Clifton (Derby), E. Clifton (Ipswich), F. Mott (Leicester).

In his opening address, the President said that the reason of their existence as a separate portion of the medical profession was that liberty of opinion and freedom of action were not accorded to their predecessors, who had held similar views. They still maintained the right to think for themselves, which was now accepted in theory but practically denied, inasmuch as it was accompanied with pains and penalties. Until they were admitted to full professional rights and privileges there was need of combined action and continued effort to obtain what was more important than material advancement—justice to Hahnemann and themselves. After some further preliminary remarks, Dr. Blake proceeded to the subject of his address, "Experience as a test of the value of therapeutic agents." He said the application of the result of research to the treatment of disease was still in an uncertain state. It was not yet a settled question in the profession as a whole that there were any laws which applied to the treatment of disease. An *à priori* application of a drug to a

group of symptoms was to this day ridiculed by many hospital physicians and surgeons, even those who still had faith in their own physic. Referring to experiments as to the action of drugs upon the human body, he said that hospital patients were unfit subjects. Patients might be chosen that had those organs healthy that were expected to be acted upon by a given drug, but if other organs were diseased the experiment might fail in consequence of (1) the action of the drug being expended upon the diseased organ, which would not be affected if it were in a state of health; (2) the action of the drug on a healthy organ might be marked by the disease pre-existing. The action of remedies in health and disease were separate lines of inquiry, and must be investigated by separate sets of men, or if by the same men, then at different periods of their lives, before they could hope for satisfactory and exact results. The complexity of conditions met with in the treatment of disease, was so great that it was no wonder that a scientific basis of therapeutics was of late development. The difficulties were now being gradually overcome, and the laws which governed the action of medicines in disease were beginning to be made out. In like manner, the relations of men with one another were so numerous and complex that the science of sociology was not considered possible till recently. Now the observations had become so numerous that it was found possible to indicate and formulate some of the laws which regulated societies. The difficulties necessarily attending the investigations of both subjects, accounted for the late development of both branches of study, for in neither case were they free to fix the conditions of their experiments as they wished, in the same manner that the physiologist did in his laboratory when he wished to observe the effect of some extraordinary disturbances in the course of a particular organ or function. A test of a therapeutic agent, to be satisfactory, must be of such a character as to be reasonable and convincing to all who were qualified to form an opinion on the subject. It was simply a truism to say that evidence applied to the action of drugs in disease, must be conducted in the same place, and follow the same rules as the evidence in a court of law, or in a physiological laboratory. But when the question was examined, it was found that in practice the statement was seldom substantiated. Much was taken for granted that was not proved, and often not true. Experience, he said, must be the ultimate test of the value of all therapeutic means. What is meant by experience? and how is the test to be applied? It was necessary to decide whether the successes that followed a certain

line of treatment were dependent upon the drugs used in the management of the cases. When the treatment of an acute disease was discussed with a young member of the medical profession, a perfect scepticism in the curative value of drugs was usually professed. This, however, was not carried out in practice. At the same time the Homœopathic practitioner was taxed with folly or bad faith for giving a small quantity of drugs to cure the disease. The expectant physician at the same time felt justified in giving these patients bread pills or mint water, or some other harmless and useless substances for the sake of observing the natural history of the disease. They had not yet settled the question that Dr. A.'s patients get well quicker than Dr. B.'s. Dr. A.'s remedies might be the same as B.'s, yet A.'s greater tact, popularity, or other accidental circumstances made it appear that he was more successful than Dr. B., whereas in reality the average health of A.'s patients might be less than that of Dr. B.'s. Therefore the argument drawn from that comparison was useless to convince Dr. C. of the greater value of the remedies used by Dr. A. He then proceeded to analyze the evidence upon which experience was founded, the evidence adduced being of two kinds. (1st.) That dependent upon the observation of the patient, or, in other words, the subjective symptoms, plus those objective symptoms reported by others. (2d.) That dependent upon the observation of the physicians. After an exhaustive review of the evidences in favor of and opposed to Homœopathy, the doctor summed up by saying that if the discrepancies between law and fact might be accounted for by errors of experiment, they must be content to wait until further experiments diminished the chances of error. There was one subject connected with the practice of homœopathy that was difficult to accept, and still more difficult to explain. Do substances like silica, the alkaline carbonates, and other substances which are supposed to be inert, exert a curative influence in diseased states? One of the principal difficulties was the fact that many of the substances, as, for example, carbonate of potash, were taken in a crude form daily with food and drink. In conclusion Dr. Blake again referred to the manner in which Homœopaths were treated by the rest of the faculty, and said there seemed every probability that the disregard of the principles of individual liberty as evidenced by the penal laws enacted against Homœopaths in 1851, and the recent agitation against the admission of ladies who had graduated in medicine, would result in a split up of the British Medical Association, and thereby serve as an example of the danger of interference with

personal freedom. They might not all agree as to the plan of operation that should be followed to obtain this personal freedom within the profession to which they belonged, but they were all in earnest in demanding it. They might possibly obtain what they demanded more quickly, because they were not all quite agreed in their views of the size of dose and the universality of the law of similars. Diversity of opinion on points of detail tended to break up opposition in the ranks of their opponents.

Dr. Hayward then read a paper on "Homœopathic Hospitals and Dispensaries," inquiring whether the Homœopathic public and profession should support hospitals and dispensaries. He stated that Homœopathic hospitals and dispensaries were established and maintained for two principal purposes — to extend to the poor the benefits of the Homœopathic treatment of disease, and show the public and profession that treating diseases Homœopathically was better than any other way. He brought forward statistics from Liverpool, Birmingham, and other places, to show that each patient treated in a Homœopathic hospital cost about £7 6s., whereas each one visited at home as a dispensary patient cost only 3s. 7d.; and that, therefore, forty times as many patients can be attended to for the same cost by visiting them at home as by attending to them in hospital; also that each medical man can, as a dispensary medical officer, attend to fifteen times as many patients as he can as a hospital medical officer. The paper gave rise to an animated discussion, the majority of the speakers contesting the views brought forward by Dr. Hayward, and strongly supporting the maintenance of Homœopathic hospitals.

After an hour's adjournment for luncheon, Dr. Galley, Blackley, physician to the London Homœopathic Hospital, read a paper on "The Place of Antiseptics in Modern Therapeutics." He believed in the germ theory of disease, and contended that the germs could only be killed by the antiseptic plan.

In the discussion that followed, the President approved of parasitocides being used where it was certain that parasites existed, but many diseases were still on the borderland, and until they were quite sure they were parasitic diseases they should continue their old method of treatment. — Dr. Bayes submitted that they ought to find out what dose would be sufficient to destroy the parasites without interfering with the functions of the body of the patient. — Dr. Cooper believed that germ diseases could be best cured by antiseptic treatment. — Dr. Hughes admitted that bacteria had been associated with certain diseases, but seeing they had not been proved to have

been the cause of them, he did not think they should alter their mode of treatment. Dr. Dyce Brown was of the same opinion, and Dr. Craig said if parasites caused a disease, considering the rapidity with which they increased, they might expect the patient to get worse and worse until he were eaten up altogether (laughter). — After further discussion, Dr. Blackley briefly replied.

Dr. Dyce Brown then read a paper on "The use of external applications in Homœopathic Practice." Hahnemann, he said, strongly forbade the use of the wet compress, the poultice, the blister, and astringents of whatever kind, but since that time many of these things had been in use by Homœopaths. If Homœopaths found that external applications acted Homœopathically, which the wet compress and the hot poultice did, they could not be charged with a return to Allopathy, nor with inconsistency. The best results from these appliances were derived from their intermittent use. Mustard and iodine were occasionally used, but the fly-blister was a remedy which Homœopaths never required to use, a rude and barbarous piece of practice which they might safely leave to the Old School. He then passed on to speak of astringents in the shape of injections, gargles, eye-washes, etc., and summed up by saying that although from the superiority of their internal treatment over that of the Old School they required to use external applications comparatively seldom, yet there were occasions when all except the blister were occasionally of decided value. They charged their opponents with prejudice, but they should not forget that they also might be called prejudiced if, for fear of using what might favor Allopathy, they neglected to use what might be of benefit to their patients.

The paper gave rise to a lively discussion, in which considerable divergence of opinion was manifested, and Dr. Brown having replied, the meeting proceeded to business matters.

Cambridge, Malvern, Leeds, Nottingham, and Bournemouth were proposed as meeting-places for the next Congress. The voting resulted in a tie betwixt Cambridge and Malvern, and the casting vote of the President decided in favor of the latter place. Dr. Hughes was chosen as President, and the other office-bearers having been elected, and some formal business transacted, the Congress was brought to a close.

In the evening the members and friends dined together in the Bell Hotel, Dr. Gibbs Blake, the President, occupying the chair. After dinner, the toasts of "The Queen," "The Prince and Princess of Wales and Royal Family," "Hahnemann," "Literature," "Our

success what his opportunities permitted, and looked with an anxious eye on the prospect opening up to his successors. We, more happy in our opportunities, have entered into full possession of what to him was little more than a promised land; and, speaking personally, I feel it my greatest happiness to have been able — chiefly through the encouragement of professional brethren (which at one time I had little reason to anticipate) — to reach the point at which McDowell aimed. It is not given to every one to see the fruit of his labors, but the surest way of gaining that end is by studying the words and following the counsels of wisdom. The wish to do well what others have done is not all that is wanted. Step by step their course must be followed, difficult still, but somewhat easier from the result of experience; and, while I content myself with a warning to aspirants that a fancied inspiration will not alone carry them on to success, I feel that I cannot quit them and the subject better than by repeating the words of McDowell, who, though better known in the open, rugged field of practice than in the paths of literature, was a man of broad and elevated views; and they expressed the advanced opinions he had already formed respecting the operation he had inaugurated after years of patient waiting and zealous preparation. He strove to make ovariectomy a boon to humanity. He had reason to believe it had proved so, but he foresaw the dangers of its abuse from rash and indiscriminate rivalry amongst his followers. Listen to his own words: 'I think my description of the mode of operating and of the anatomy of the parts concerned clear enough to enable any good anatomist, possessing the judgment requisite for a surgeon, to operate with safety. I hope no operator of any other description may ever attempt it. It is my most ardent wish that this operation may remain to the mechanical surgeons forever inconprehensible. Such have been the bane of the science, intruding themselves into the ranks of the profession with no other qualification but boldness in undertaking, ignorance of their responsibility, and indifference to the lives of their patients; proceeding according to the special dictate of some authors as mechanical as themselves, they cut and tear with fearless indifference, utterly incapable of exercising any judgment of their own in cases of emergency, and sometimes without possessing the slightest knowledge of the anatomy of the parts concerned. The preposterous and injurious attempts of such pretenders can seldom fail to prove destructive to the patients and disgraceful to the science. It is by such this noble science has been degraded, in the minds of many, to the rank of an art.'

“ In conclusion allow me to read a sentence or two from one of those able reviews which make one regret that the day of the medical quarterlies is passed. (*British and Foreign Medical Review*, April, 1873.) All honor to McDowell, of Kentucky, who, to use the words of Hufeland, ‘looked upon his profession as a high and holy office; who exercised it purely, not for his own advancement, not for his own honor, but for the glory of God and the good of his neighbor; and who, long since called to give an account of it, is no doubt reaping the reward of his faithful stewardship.’ ” — *Boston Med. and Surg.*

NEW MODE OF MAKING AMPUTATIONS HEAL BY FIRST INTENTION.— Among the various new ways of managing surgical wounds, and stumps in amputation, the one suggested by Gaurreau is probably the one best adapted for carrying out the object aimed at. It certainly lessens the danger of septicæmia, and also enables the parts to heal with much greater rapidity than the old way of suppuration and granulation. Dr. Ed. Gaurreau, of Quebec, gives the following description of his new method of dressing stumps: “ We shall suppose an amputation at the wrist. I apply the tourniquet over the Brachial artery; I cut my flaps very carefully, that they may adjust as closely as possible; and I bring the divided parts together, and keep them in apposition by means of strips of linen one inch in width, soaked in a solution of equal parts of tincture of muriate of iron and water. I lay my strips first horizontally, and then spirally, using moderate and uniform pressure, so as to prevent subcutaneous oozing of blood, and I further saturate the compresses with iron. I now slightly turn the screw of the tourniquet, to allow a little blood to reach the bandages. The blood coming in contact with the iron undergoes a chemical change, and forms a thick, adhesive mass, which closes the lips of the wound, and excludes all contact of air. Shortly afterwards I remove the tourniquet, when no hemorrhage can take place, owing to complete closure of the wound, and thorough compression over the veins and arteries. To insure the latter effect more thoroughly, I previously envelope the limb up to the elbow with rollers of bandage firmly and moderately placed from below upwards. As regards the use of the tourniquet, perhaps it would be better still to substitute Esmarch’s elastic bandage. The points of practical importance gained by the method I submit are the following: The wound heals by first intention; the healthy living tissues uniting without suppuration, or, in other words, no ‘putrefactive fermentation’ takes place, just the same condition — the aseptic — as claimed for Professor Lister’s method;

the non-use of ligatures and sutures, a frequent cause of septic mischief; and last, though not least, its simplicity and astonishing results. — *American Observer*.

PHOSPHORUS IN THE TREATMENT OF CHRONIC ALCOHOLISM.— The *Journal d'Hygiene*, of February 21, 1878, contains an article on this subject, taken from the *Gazette Medicale Italienne*. Dr. d'Ancona, the author of the paper, remarks in the outset that this mode of treatment is not new, but he thinks it has not received the attention which it deserves. He justly states that the rapid increase of troubles, due to the excessive use of alcoholic liquors, and the great difficulty of treating such cases effectually, makes any remedy, which seems to render any service to such patients, worthy of careful study and investigation.

The etiology and symptomatology of chronic alcoholism are, alas, but too well known, and hence he deems it unnecessary to consider these points. He gives the details of five cases in which he has used phosphorus in the form of phosphide of zinc. We give a brief history of one of these cases. The treatment was commenced on the 20th of May, 1877, and continued without interruption till the 1st of October following. During this time, the patient took from one to ten centigrammes of the remedy a day. Eight grammes were taken in all. During the month of October, it was only given four days each week, in the dose of three centigrammes each day. There were no evil results produced; no loss of appetite, and no gastric disturbance; indeed, the general condition steadily improved.

He comes to the following conclusions at the end of his paper:

1. Phosphorus is a very useful remedy in the treatment of chronic alcoholism.

2. The medicine is perfectly tolerated in doses which no one has dared to give heretofore — ten centigrammes (nearly $1\frac{1}{2}$ grains) a day for many weeks.

3. The remedy gives to drinkers a feeling of comfort and strength, and furnishes the force necessary to carry on their organic functions, which they have been accustomed to get from alcoholic liquors.

4. The medicine seems also to have the properties of a prophylactic and an antidote, for it causes very beneficial changes in the system, even when the use of liquor has not been entirely stopped.

Dr. d'Ancona then gives a theory as to its *modus operandi* in three cases, and in conclusion begs that a fair and impartial trial be given the medicine, and that the results be published.— *Virginia Med. Monthly*.

SAD FATE OF A PROFESSOR.—It was a sad story of secret suffering and privation that Dr. F. Seeger recounted in his broken English to the members of the Homœopathic Medical Society at their meeting last night. Dr. Prof. Franklin Whitehead Hunt died on Sunday, October 20, at No. 235 East Fifty-ninth Street, in the sixty-eighth year of his age. His father, Gen. George Hunt, was a lieutenant-colonel under Harrison in the Shawnee war and the war of 1812; his grandfather, Col. Jonathan Hunt of New Jersey, was with the famous Wolfe at the storming of Quebec in 1759, and subsequently served in the war of the revolution. It was upon his farm that Lord Cornwallis encamped his army a few days previous to the battle of Guilford Court House, N. C. Born in 1810, in Wayne county, territory of Indiana, Dr. Hunt was graduated at the Indiana Medical College in 1833, and from 1841 to 1844 was professor of materia medica and medical botany in that institution. From 1846 to 1859 he represented Laporte county in the territorial legislature. One of the first practitioners of the Old School to recant and accept the doctrines of Homœopathy, he removed to this city in 1859 to participate in the organization of the New York Homœopathic Medical College, in which for ten years he occupied alternately the professorships of institutes and practice of medicine, of medical jurisprudence and insanity, and of diseases of the nervous system. He was one of three Americans elected to honorary membership of the Imperial Society of St. Petersburg, Russia, and in later years was associated with Dr. E. E. Marcy in the editorship of the *United States Journal of Homœopathy*. He wrote and edited numerous works of high rank in medical literature, and died so poor that the \$135 necessary to bury him decently had to be advanced by a brother practitioner. Of this amount \$85 has been refunded by voluntary subscription, and last night a committee was appointed to raise the funds for a headstone to his grave. Resolutions of condolence with his family were passed.—*New York Times*.

BAD RESULTS FOLLOWING THE USE OF "CUTICURA."—Edward Wigglesworth, M.D., of Boston, writes to the *Medical and Surgical Journal* that cases have recently come to his knowledge, in which physicians have prescribed a patented medicine called "Cuticura," to patients having disease of the skin, and with very bad results:

"Whether suits for malpractice would lie in such cases, it is not for me to say, but it does seem proper to state, as a warning, that the nostrum referred to is a very powerful irritant to the skin, whether this is healthy or diseased.

“Thirteen cases of acute dermatitis from the use of ‘Cuticura’ have now come to my knowledge, and I have heard indirectly that another physician in this city has had fifteen such cases.

“My first case was that of a man having a slight eczema of the fore-arm. He received a simple prescription, and departed, but returned in a few days, and there was hardly a hair follicle upon the whole fore-arm which was not the seat of a well-developed pustule. General pain, heat, redness, and swelling were also present. He had not used the prescription, but had substituted, upon his own responsibility, the ‘Cuticura.’ The use of this being discontinued, the patient speedily recovered.

“My latest case was seen in consultation. ‘Cuticura’ had been applied to a leg affected with chronic eczema. The result was an acute dermatitis, which had lasted a week at the time when the patient was seen.

“At the time of application, a slight itching being felt upon the thigh, a single ‘wipe’ was given across the part with the rag used in applying the ‘Cuticura.’ The result was an irregular, reddish, hot, painful stripe marking exactly the line of impact of the rag.”

HEAT AND LIGHT IN THE SICK-ROOM.—A recent writer gives the following sensible suggestions on this subject:—

Each person in a room should be supplied with 3,000 cubic feet of air per hour; and this should be done, where possible, without creating a perceptible draft, for the nervous irritation induced by drafts is liable to produce internal inflammations.

The temperature of the sick-room should be kept at a uniform height, the best average being from 65° to 70° F., except for infants or very old people, who require a temperature of from 75° to 80° F.; and for these it is especially important to guard against changes, and keep it as uniform as possible. All cases of fever require a temperature lower than the average, as from 50° to 60° F., to assist in reducing the high temperature of the body; but when the fever subsides, and there is much debility remaining, the temperature should be raised somewhat above the average. As a patient can bear a greater degree of cold when in bed than when out of it, convalescents from severe diseases, fevers especially, should have the temperature of their rooms higher than that maintained during the height of the attack. Diseases of the air passages, as croup and diphtheria, require a high temperature (80° to 85° F.), and a moist atmosphere. The best method for heating the sick-room is by the open grate fire.

The sick-room should not be darkened by blinds, except where there is disease of the eyes, with photophobia, or when the patient is very restless and cannot sleep; then strong light must be excluded. Otherwise the sunlight should be allowed to enter and act chemically by decomposing the noxious gases, and thus purify the air. Of course it is not advisable to place the patient under a strong, uncomfortable glare of sunlight, nor in summer to allow the sun's rays to shine into the room and raise the temperature too high. Artificial light has no useful effect, but does harm by burning up oxygen.—*Boston Journal of Chemistry.*

CURARE IN HYDROPHOBIA. — *Mr. Editor:* In your interesting article recently upon hydrophobia, some general conclusions are presented upon the action of curare upon the organism. In my studies in physiology and pathology during the last few years, I have often observed a varying action from the same dose of curare which did not depend upon the quality of the drug. The period of paralysis in different frogs after the same amounts of the drug varies within wide limits, and repeated administration of the same dose of curare to the same frog on successive occasions, by no means indicates the same duration or completeness of paralysis. In winter, when the circulation in the frog is considerably reduced, the period of action of the curare is somewhat prolonged.

In *cats* the action of curare is far more evanescent than in frogs. Half-grown kittens were the subject of experiment. A large dose (amount not positively determined) was absorbed from the cellular tissue, and began to demonstrate its presence in the circulation in about ten minutes. It caused great uncertainty in walking, frequent falls, and a general appearance of discomfort, but not of actual pain, which lasted about fifteen minutes, and subsided quite rapidly. Repeated injections produced no further result, and the kitten recovered readily and perfectly.

The quality of the drug is subject to great variation, some specimens being almost worthless. I have obtained most satisfactory results from solutions of that solid extract which presented a brittle fracture, and were of a glistening, dark-brown color. The most useful form for subcutaneous use seems to be a solution of all portions of the drug in distilled water. A sediment is deposited, which need not be disturbed in using the solution. A dose of such a solution, containing from 0.0075 to 0.01 gramme of curare, will generally prove sufficient for an ordinary speckled frog. This is about one-sixth the

maximum dose given in the case of hydrophobia reported in the *last Journal*, and the question arises, Would not the human system bear a larger amount of the drug? Its rapid elimination would seem to call for frequent repetitions of the same dose in order to insure its continued action.

Yours truly,

ALBERT N. BLODGETT.

— *Boston Medical and Surgical Journal*.

GASTROSTOMY IN STRICTURE OF THE ŒSOPHAGUS. — A very successful and satisfactory instance of this operation, performed by Dr. Trendelenburg, of Rostock, Germany, is reported by Dr. Thomson.* The patient was a boy nine years of age, who produced stricture by swallowing a draught of sulphuric acid. Neglect of treatment soon rendered the stricture impassable, and all attempts to dilate it having failed, the operation was performed. It is thus described: —

“The skin was cut through for a length of four to five centimetres (about two inches) in a diagonal direction, running from right to left, parallel with the under side of the cartilaginous portion of the eighth left rib, and at a distance of a finger’s breadth from it. The wall of the abdomen was divided in the same direction as far as the peritoneum, and the left rectus at the same time cut partly through. All the vessels were then carefully bound up, and after the bleeding had entirely stopped the peritoneum was divided in the same direction. The edge of the left lobe of the liver was then exposed to view, rising and falling with the respiration, and also a piece of intestine, which might have belonged either to the colon or to the stomach. As it could not be decided, by feeling about with the introduced finger, to which of these it was attached, I next pulled the diaphragm to the front, and could then easily find the junction of the same at the colon and at the stomach. The peculiar construction of the arteria and vena gastro-epiploica made the junction of the diaphragm at the stomach so characteristic that all doubt disappeared as soon as these vessels were exposed to view. The stomach had shrunk together and attached itself to the vertebral column. Its front side was now grasped at a point corresponding the best with the incision, drawn somewhat forward out of the opening, and fixed temporarily in the opening by two acupuncture needles stuck through it transversely. The two needles rested crosswise on the outer surface of the abdomen. In order that the peritoneum should with certainty be included in the sewing up, the edge of it, where cut, was grasped with pincettes, and was drawn forward and secured by laying the pincettes over on

* *The Lancet*, August 31, 1878.

one side. For the stitching moderately strong silk was used, and the stitches were so arranged that the outer skin, the wall of the abdomen, and the peritoneum were pierced, and the wall of the stomach taken up as much as possible in its entire thickness. Altogether fourteen stitches were made. After the sewing, which surrounded a piece of the stomach wall in the form of a circle about one and a half centimetres (five-eighths of an inch) in diameter, was completed, the stomach wall was cut through within the circle cross-wise, and a drain-pipe inserted in the stomach."

One of the difficulties of these cases appears to be the tendency of the stomach to tear away from the abdominal wall, and in this respect differs from cases of enterotomy, where the intestine presses against the wall and shuts off automatically the abdominal cavity. This difficulty is increased when vomiting occurs. Soon after the operation in this case a feverish catarrh of the stomach and intestine appeared, and continued in various degrees for several months. The food, consisting of meat scrapings, soft-boiled eggs, milk, Nestler's children's food, etc., was introduced by means of a syringe into the stomach at intervals of three hours; the meat was first chewed and spit out again. When, however, this method of introducing the food was replaced by a cleaner and more natural one, the stomach catarrh disappeared. A longer tube was attached to the drain-pipe, and through this the boy now lets the masticated food slide down direct into the stomach, which he assists by blowing slightly with the mouth. The boy soon learned to be quite at ease with his artificial œsophagus. In feeding, the œsophagus is removed to the outside; otherwise the process is as much as possible like the natural one. The boy takes his food as before. The masticated and salivated matter remains partly in his mouth and is partly swallowed down into the œsophagus, after which he places the tube in his mouth, and sends the food, by a slight choking and spitting motion, into the tube, and lets it glide down into the stomach, assisting it by blowing slightly with the mouth. Then he shuts the pinch-cock, which he had previously opened, and recommences the process afresh. In this manner the boy is made independent of the highly unappetizing and comfortless procedure of the stomach syringe, and his feeding loses the disagreeable aspect of a physiological experiment. — *Boston Medical and Surgical Journal*.

LACTOPEPTINE.— This valuable aid to digestion has been before the public for several years; so long, in fact, that there are probably few

physicians practising in cities who have not already tested it thoroughly. To these it is unnecessary to say anything in commendation. To the country practitioner, however, it may be well to again refer to it.

At first sight, the combination may not appear to be an effective one; it may be supposed that the action of the stomach upon the constituents calculated to aid intestinal digestion, would be such as to prevent any influence being exercised, in any way, upon the alimentary bolus after it has been subjected to gastric digestion; that is to say, pancreatine would probably be *digested* along with other articles of food. Although we might come to some such conclusion *à priori*, yet experience teaches us that fats are more easily and completely digested and absorbed when *Lactopeptine* is taken after meals containing such articles of diet than after taking any of the preparations of pepsine, even when combined with the acids, in connection with food. This fact is of the utmost importance in the treatment of wasting diseases, especially in children.

In the summer diarrhoeas of children we have found *Lactopeptine* of the very highest value. It is probable that weakening of the digestive powers is a very important factor in the causation of Cholera Infantum. We have found *Lactopeptine* a most important help in restoring these cases, when they have passed through the worst stages of that disease, as well as in warding it off when its onset seemed almost inevitable.

In the exhausting Vomiting of Pregnancy, we have found it of very great value in enabling the patient to obtain some nourishment from the food ingested, even if it remained but a short time in the stomach. In the nausea and indigestion and cardialgia, which causes so much annoyance, even if no great danger, in the later months of gestation, *Lactopeptine* has proved itself almost a specific.

The article used was manufactured by the New York Pharmacal Association.—*St. Louis Clinical Record*, July, 1878.

Letter to Boston Medical and Surgical Journal. Nov. 14, 1878.

MR. EDITOR,—I rejoice to see a petition for a national board of health, although I think it would be better to wait until all the States have organized their State Boards. This, however, is of minor importance, for I cannot hope, judging from the labor needed in some of our great States, to get the local Boards, that by one petition to Congress we shall gain our object. We shall have to repeat the petition, I fear, many times before success will be attained.

I regret, however, that the petition, as now devised, proposes wholly to omit the laity as members. This is, as I deem it, *a great misfortune*, and for the following reasons:—

(1.) Sanitary matters ought to appeal very strongly to every man and woman in the land. Every one can easily study the subject. Many sanitary measures appeal to the good sense and common intelligence of the community as much as they do to professional learning. Therefore, *we need on every sanitary board able laymen*. We certainly need a lawyer, a civil engineer, and one or more business men. These classes have been in one instance, at least, namely, our Massachusetts State Board of Health, of infinite value to the State. While deferring to the medical men on the board on all strictly professional matters, they have constantly made wise suggestions of great value to the proper working of the board.

(2.) We have had in this State, and also in England, laymen who have done an immense work for sanitary science. Need I add more than the name of Lemuel Shattuck, of Boston,—the real founder of our own board,—and those of Rawlinson and Chadwick, of England?

For these reasons I hope that the petition, before being presented, will make some provision for a representation of the laity upon the national board.

Yours truly,

HENRY I. BOWDITCH.

PERSONAL.

DR. F. D. LESLIE, Class of '78 Boston University School of Medicine, has located at Canton, Mass.

F. S. DAVIS, M.D., Class of '78 Boston University School of Medicine, has located at East Milton, Mass.

DR. LA TOURRETTE HANMER has located at Fair Haven, Mass.

REV. W. UNDERWOOD, D.D., M.D., has removed from Fairfax, Vt., to Indianapolis, Ind.

DR. G. E. E. SPARHAWK has removed from Gaysville to Burlington, Vt.

DR. E. P. GOODRICH has removed from 895 Shawmut Ave. to 57 Tremont Street (Pavilion Building).

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